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COUNTY BOROUGH
HEALTH REPORT

1948




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HEALTH REPORT

1948

JAMES A. M. CLARK, M.D., Ch.B., D P.H.

Medical Officer of Health
and School Medical Officer



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[illegible]

SCHOOL HEALTH SERVICE

[illegible]

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COUNTY BOROUGH OF WALSALL

HEALTH COMMITTEE

From November, 1947 to May, 1949.

CHAIRMAN:

Alderman A. J. Stanley.

VICE-CHAIRMAN:

Councillor E. A. Brockhurst, J.P.

| | |
|----------------------------|----------------------------|
| Alderman H. Hucker, J.P. | Councillor J. Summers |
| Alderman M. J. Kavanagh | (Died 30.11.48) |
| Councillor R. Davies | Councillor L. Summers |
| Councillor H. S. Gwinnutt | (From Feb., 1949) |
| Councillor D. M. Middleton | Councillor A. M. M. Taylor |
| Councillor W. E. Nunn | Councillor J. J. Twist |
| Councillor A. W. Percox | |

EDUCATION COMMITTEE

CHAIRMAN:

Councillor W. R. Wheway, J.P.

VICE-CHAIRMAN:

Councillor T. P. Riley, J.P.

| | |
|-----------------------------------|----------------------------|
| Alderman H. G. J. Fletcher | Councillor L. Summers |
| Alderman D. Jones, J.P. | (From Feb., 1949) |
| Alderman A. McShane | Councillor A. M. M. Taylor |
| Councillor E. A. Brockhurst, J.P. | Mrs. W. H. Keay |
| Councillor A. W. Cotterell, J.P. | Miss H. M. Neville |
| Councillor F. W. Evans, J.P. | Rev. Canon Jenkins |
| Councillor F. W. Harbidge | Rev. W. Sheeran |
| Councillor L. Harrington | Rev. W. H. Cox |
| Councillor F. F. Harrison | Mr. H. W. Bonner, J.P. |
| Councillor D. M. Middleton | Mr. H. Busill Jones, J.P. |
| Councillor J. Summers | Mr. G. W. Hobday |
| (Died 30.11.48) | |

STAFF

| | |
|---|--|
| MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER ... | James A. M. Clark, M.D., Ch.B., D.P.H. |
| CHIEF ASSISTANT MEDICAL OFFICER OF HEALTH | F. J. Welton, M.B., Ch.B., D.P.H. (To 4.7.48. Transferred to Regional Hospital Board on 5.7.48). A. Brown, M.B., Ch.B., D.P.H. (Pro- moted from Assistant Medical Officer of Health 1.10.48). |
| ASSISTANT MEDICAL OFFICER OF HEALTH (MATERNITY AND CHILD WELFARE) | I. M. Brown, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H. |
| ASSISTANT MEDICAL OFFICER OF HEALTH (SCHOOL MEDICAL AND MATERNITY AND CHILD WELFARE | J. C. Birchall, M.B., Ch.B., D.P.H. (Terminated duties 31.3.48). A. Brown, M.B., Ch.B., D.P.H. (Pro- moted from Assistant Medical Officer of Health (School Medical) 1.4.48). |
| ASSISTANT MEDICAL OFFICER OF HEALTH (SCHOOL MEDICAL) ... | A. Brown, M.B., Ch.B., D.P.H. (To 31.3.48). P. J. FitzGerald, L.R.C.P.I., L.R.C.S.I., L.M., D.P.H. (Commenced duties 1.5.48). |
| SENIOR SCHOOL DENTIST | N. L. Cookson, L.D.S. |
| ASSISTANT SCHOOL DENTISTS ... | R. E. Morgan, L.D.S. M. G. Humphrey, L.D.S. (Terminated duties 31.10.48). |
| PUBLIC ANALYST | F. E. Thompson, F.I.C. |
| CHIEF SANITARY INSPECTOR ... | C. A. Stansbury. |
| DEPUTY CHIEF SANITARY INSPECTOR | R. Johnson. (Terminated duties 8.8.48). J. Green. (Commenced duties 1.11.48). |
| ASSISTANT SANITARY INSPECTORS | W. J. Woodward. E. Bayley. A. D. Kelley. F. G. S. Hill. F. B. Owen. E. O. Edwards. (Terminated duties 15.2.48). E. M. Thomas. (Commenced duties 5.1.48). J. F. Marshall. (Commenced duties 5.1.48). E. V. Beeby. (Commenced duties 1.3.48). |

| | | | | |
|-------------------------------|-----|-----|-----|--|
| SUPERINTENDENT HEALTH VISITOR | | | | Miss G. Johnson. |
| HEALTH VISITORS | ... | ... | ... | Miss S. A. Nolan. ,, E. G. Jones. ,, E. Stokes. ,, M. Scott. ,, J. M. McGuinness. ,, E. E. Pedley. (From 1.9.48). |
| HEALTH VISITORS (TEMPORARY) | ... | | | Mrs. D. Devey. ,, E. Dunning. ,, D. A. Smith. (Commenced duties 19.4.48). Miss J. M. Jones. (Commenced duties 26.4.48). |
| PUPIL HEALTH VISITORS | ... | ... | | Miss E. E. Pedley. (To 31.8.48). ,, A. Jones. (Commenced duties 22.3.48). ,, M. H. Evans. (Commenced duties 1.7.48). |
| TUBERCULOSIS HEALTH VISITOR | ... | | | Miss N. Perry. |
| SCHOOL NURSES | ... | ... | ... | Miss F. Saunders. ,, J. Corkish. ,, M. A. S. Glover. |
| SCHOOL DENTAL NURSE | ... | ... | | Miss B. L. Bennett. |
| SUPERVISOR OF MIDWIVES | ... | ... | | Mrs. I. J. Kendall. (Terminated duties 30.4.48). Miss M. E. Shaffrey. (Commenced duties 7.6.48). |
| MUNICIPAL MIDWIVES | ... | ... | | Mrs. H. A. Parsons. Miss C. Pearce. Mrs. A. M. Kirk. Mrs. S. J. Kendrick. Miss M. Williams. Mrs. E. M. Dutton. Mrs. N. M. Evans. Miss A. M. Statham. Miss J. Donovan. Mrs. S. Ward. Mrs. B. Powell. Miss P. Plumb. Mrs. J. M. M. Smith. (Commenced duties 6.9.48). Miss J. Keane. (Commenced duties 8.11.48). |
| CHIEF CLERK | ... | ... | ... | P. Shoesmith, |

| | | | | | |
|---|-----|-----|-----|-----|--|
| CLERKS | ... | ... | ... | ... | F. Webb. N. Auliff. C. Riley. A. L. Jobey. G. Lavender. G. Brownsword. Miss K. M. Lunn. Miss C. Bytheway. Miss D. I. Hardie. Miss M. B. Harper. Mrs. M. R. Davis. Miss B. L. Loffman. Mrs. D. Brown (Part-time). Miss M. Dexter (Part-time). B. Smith. (Terminated duties 6.8.48). Mrs. M. Gregory. (Terminated duties 31.1.48). Miss M. Brittain. (Transferred to Hospital Management Committee, 31.8.48). Miss J. F. Heeley. (Terminated duties 30.6.48). Mrs. D. Goodwin. (Terminated duties 29.2.48). Miss S. B. Smith. (Commenced duties 2.2.48). R. C. Drake. (Commenced duties 19.10.48). W. Wagg. (Commenced duties 1.11.48). |
| DULY AUTHORISED OFFICER (MENTAL HEALTH SERVICE) | ... | ... | ... | ... | J. Wiggin. (Commenced duties 5.7.48). F. H. Parker (Part-time Deputy). (Commenced duties 5.7.48). |
| SENIOR MENTAL WELFARE OFFICER (Duly Authorised Officer) | | | | | Miss F. Grant. |
| ASSISTANT MENTAL WELFARE OFFICER AND GUARDIANSHIP OFFICER | ... | ... | ... | ... | Miss H. C. Hawley. |
| (Duly Authorised Officer) | | | | | |
| SUPERVISOR OCCUPATION CENTRE | ... | | | | Miss E. Ratford. |
| ASSISTANT SUPERVISOR OCCUPATION CENTRE | ... | ... | ... | ... | Mrs. H. E. Avery. |
| MATRON—BESCOT DAY NURSERY | ... | | | | Mrs. P. T. Naughton. |
| MATRON—BLAKENALL DAY NURSERY | | | | | Mrs. M. Williams. |
| AMBULANCE SUPERVISOR | ... | ... | | | L. J. Parry. |

COUNTY BOROUGH OF WALSALL

ANNUAL REPORT

OF THE

Medical Officer of Health

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE COUNTY
BOROUGH OF WALSALL

Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit my Annual Report on the state of the public health of the Borough during the year 1948.

Vital Statistics

The Birth Rate shows a decrease, being 20·56 per 1,000 of the population, compared with 23·16 for 1947, the figures for England and Wales being 17·9 and 20·5 respectively, and 20·0 for the great towns. The Illegitimate Birth Rate, 0·85, is rather less than in the previous year, there being 96 illegitimate births as compared with 100. Infant Mortality shows a decrease, being 42·76 per 1,000 births compared with 50·14 in the previous year. The illegitimate infant mortality rate also shows a decrease, being 20·83 per 1,000 births as against 90·0 in 1947. The infant mortality rate for the country as a whole was 34 per 1,000 births and 39 for the great towns.

The general Death Rate also shows a decrease, being 10·68 per 1,000 of the population as compared with 12·05. The corresponding rate for the country as a whole was 10·8 and for the great towns 11·6.

The Maternal Mortality Rate was 0·84 per 1,000 (live and still) births, two women having died as the result of childbirth.

Health of the Borough

The year has been a healthy one and there have been no serious outbreaks of infectious disease. The death rate is the lowest yet recorded, and the Infant Mortality rate of 42·76 is also the lowest recorded in Walsall.

For the third year in succession, the incidence of Diphtheria was extremely low, only 3 cases, all in non-immunised persons, being notified. Scarlet Fever was more prevalent, with 411 notified cases, Measles was less prevalent, 537 cases being notified. There were 434 cases of Whooping Cough, 3 cases of Cerebro-spinal Fever and 7 of Poliomyelitis.

Tuberculosis

There has been an increase in the number of cases of Tuberculosis notified, viz., 152 cases of Pulmonary Tuberculosis as against 111, and 17 cases of other forms of the disease as against 22 last year. There has been a slight increase in the death rate—79 deaths from Pulmonary Tuberculosis and 6 from other forms, as compared with 68 deaths from Pulmonary Tuberculosis and 10 from other forms in the previous year, the death rates being 0·70 from the pulmonary form and 0·05 from the non-pulmonary form, compared with 0·62 and 0·09.

Respiratory Diseases (other than Tuberculosis) show a decrease, the death rate being 1·33 per 1,000 of the population compared with 1·50 in the previous year.

Cancer

There were 196 deaths from all forms of malignant disease as compared with 180, giving a death rate of 1·74 as against 1·65.

Venereal Diseases

The number of persons presenting themselves for examination at the Special Clinic shows a decrease, 429 new cases attending. 169 persons were found to be suffering from Venereal Disease (Syphilis 63, Gonorrhœa 106) and 260 were found to be not suffering from the disease. In the previous year the corresponding figures were 201 suffering from venereal disease and 285 not suffering from the disease.

Housing

The housing situation remains one of the most serious problems with which the Council is faced. It cannot be said that the building of 908 houses in 1948 has eased the situation to any material degree.

There are many families living under such abnormal conditions as to make the formation of any sort of family life quite impossible. The sharing of living rooms and kitchens with their in-laws, overcrowding

in bedrooms, or the occupation of one room as a combined living and sleeping room, especially where there are young children, are conditions which do not conduce to the bringing up of a family either physically, morally or spiritually. Conditions such as these are all too common, and they are conditions which can only be remedied by the much speedier building of more and more houses. The outlook for many of our young married people is gloomy in the extreme.

Staff

Dr. J. C. Birchall, Assistant Medical Officer of Health, resigned in April on his appointment to a more senior post. Dr. P. J. FitzGerald, who was appointed to fill the vacancy, took up his appointment in May. Dr. F. J. Welton, for many years Tuberculosis Officer and Chief Assistant Medical Officer, was transferred to the staff of the Regional Hospital Board, but continues his work in Walsall. Dr. A. Brown was appointed Chief Assistant in succession to Dr. Welton.

Mrs. Kendall, who had been with us for approximately two years, and who had carried out her duties as Supervisor of Midwives in a very efficient and tactful manner, resigned her appointment in April on the occasion of her marriage. She was succeeded by Miss Shaffrey, S.R.N., S.C.M., who took up her duties in June.

One Health Visitor, Miss E. Pedley joined the staff on the completion of her training in May.

RETROSPECT

It is nearly 26 years since the Council did me the honour to appoint me as their Medical Officer of Health, and it seems appropriate to make a review of the progress made during these years and to give some comparative figures as to the state of the Public Health.

The Health Services in Walsall in 1923 were very limited, and the years from 1923 have been years of great activity, the services provided by the Local Authority having been progressively extended and developed. In 1923, the staff was limited, there being two assistant medical officers to cover all branches of public health work; the nursing, sanitary inspectors and clerical staffs were inadequate. There were three child welfare centres, all housed in most unsuitable buildings, a tuberculosis dispensary, the Sanatorium at Pelsall and a smallpox hospital. There was no municipal hospital, no hospital for infectious diseases and no institutional accommodation for maternity cases.

In 1925 a combined child welfare centre and school clinic was opened at Field Road. An additional assistant medical officer whose duties were entirely devoted to maternity and child welfare work was appointed in 1928, and ante-natal clinics at the welfare centres were commenced. In July 1929 the Maternity Hospital, Bloxwich, was opened.

Soon after I became Medical Officer of Health, there was a serious outbreak of Diphtheria, 363 cases being notified during 1924. The only building available for these cases was the old Epidemic Hospital in Hospital Street. This so-called "hospital" had been out of commission for some years; there was no accommodation for resident nursing staff and not even a bath! Adaptations were quickly made and the patients admitted there. The epidemic continued unchecked during 1925 (349 cases) and abated slightly in 1926 (222 cases) but continued throughout 1927 (344 cases) and 1928 (399 cases) and then subsided. The continuance of the outbreak, however, provided the necessary stimulus, the Council deciding to build a modern isolation hospital in 1927.

Immunisation against Diphtheria was commenced in 1924, but it was not until 1927 that much progress was made. In that year we commenced immunisation in the schools. It is with the greatest satisfaction that we compare the figure for 1948, when there were only 3 cases of Diphtheria, all in unimmunised children, with the figures in the previous paragraph.

In 1928 there was an outbreak of Smallpox (*Variola Minor*), 220 cases being notified between May and December. Accommodation for these cases was found in the grounds of the Sneyd Lane Smallpox Hospital, by the erection of marquees for both patients and staff; bathing, washing and sanitary accommodation was likewise provided in tents. The arrangements worked very satisfactorily.

On 1st April, 1930, Goscote Isolation Hospital was opened, 35 beds being provided for the treatment of infectious diseases. A Pavilion (22 beds) for the treatment of Pulmonary Tuberculosis was opened in 1933, and in 1936 a further block of 26 beds for infectious diseases, and an extension to the administration block were opened.

An additional Child Welfare Centre and Ante-Natal Clinic was opened at Ida Road in 1931, and an additional Assistant Medical Officer was appointed to the staff the same year to cope with the expansion of the Health Services. The original child welfare centres were replaced by the provision of two modern centres at Pool Street in 1936 and Countess Street in 1940.

On 1st April 1934, the Manor Hospital became "separated" from the Public Assistance Institution, being administered by a joint committee consisting of representatives of the Health and Public Assistance Committees, the hospital being formally appropriated as a Public Health Hospital as from 1st April, 1936. A new Venereal Diseases Clinic was provided in the grounds of the Manor Hospital in 1938 and a modern Maternity Unit consisting of 30 beds and two isolation beds was opened in January 1940, also at the Manor Hospital.

Two Day Nurseries were provided in 1942 and an additional three Nurseries in 1943.

In 1923, Walsall was a town of hand-flushed closets, with two, three or more houses per closet, the majority of the houses had ashpits and there were many privies, particularly in the more outlying parts of the town. The substitution of ashbins for ashpits, the conversion of privies to water flushed closets wherever possible, and the provision of flushing cisterns to water closets, and the provision of additional water closets wherever necessary provided a large amount of work for the sanitary inspector's staff. At the same time a large number of slum houses were dealt with under the provisions of the Housing Acts.

With the passing of the Housing Act of 1930, our activities were concentrated to a large extent on slum clearance, the representation of our first large scheme, viz., the James Street Clearance Area, consisting of 176 houses, was made in December 1930. A Public Enquiry was held in June 1931 and our representation was subsequently confirmed; other schemes followed quickly.

In 1934, 10 clearance areas (216 houses) were represented; in 1935, 22 clearance areas (333 houses); in 1936, 38 areas (519 houses); in 1937, 60 areas (890 houses) and 12 areas (209 houses) in 1938. In addition to these major schemes, a large number of houses were dealt with during these years as individually unfit, 3,066 houses, involving the displacement of over 11,000 persons, having been represented under the Housing Acts 1930 and 1936.

During 1938 the activities of the Department were devoted very largely to Civil Defence preparations, and, although there was still remaining a large number of houses which were very much below standard, our activities in this direction had to be suspended.

On 5th July, 1948, the appointed day for the coming into force of the National Health Service Act, 1946, we lost control of the Hospitals, the Orthopædic Clinic, the Ultra Violet Light Clinic and the Tuberculosis Dispensary, all of which were transferred to the Regional Hospital Board. We had been responsible for the building or establishment of these hospitals and clinics, and the expansion and development of their services. All had reached a high state of efficiency and it was with real regret that we handed them over. To the Medical Officers, Matrons, Nursing and other staffs, we are sincerely grateful for many years of loyal and devoted service which they all gave and we wish them a still greater future under their new management.

The National Assistance Act also came into force on the 5th July, 1948; the fundamental object of the Act being "to achieve the final break up of the Poor Law and to create new services founded on modern conceptions of social welfare."

In 1948 the Children Act also came into force. A new Committee was set up and when the newly-appointed Children's Officer took over his duties in November, we handed over to him and his Committee some of the work, e.g., Infant Life Protection, which we had regarded as essentially the work of the Health Department, work which had been carried out in a very able, sympathetic and humanitarian way by Miss Johnson, Superintendent Health Visitor and her staff of Health Visitors. We regretted losing this branch of our work, so closely interwoven with our Maternity and Child Welfare Services. To Mr. Joseph, the Children's Officer, and his staff we wish every success in what is not going to be an easy task, and we have assured him of our willingness to co-operate with him in every way.

Twenty-five years ago the outlook of town councillors towards any matter of Public Health was very parochial, and it was not easy going, the expenditure of money on health services of all kinds was not welcomed and one met with many frustrations.

In 1934, the present chairman, Alderman Stanley, was appointed Chairman of the Health Committee, and by his earnestness, determination and forcefulness, he soon converted the Council to his way of thinking; councillors became more "Health Conscious" and the going became easier. Whilst I could not always substantiate all the statements Alderman Stanley made in debate when calling attention to the failure of the Council to provide some particular health service, I am sincerely grateful to Alderman Stanley for the enormous help he has given to me in my work during the past 14 years. Alderman Stanley's heart was in all those measures designed to make life healthier and less difficult for the less fortunate members of our society, and I take this opportunity of paying a very sincere tribute to him when I say that no Medical Officer of Health could have had a more powerful ally in promoting the welfare of the public by the provision of health services.

To those members of the Council who have been members of the Health Committee during my years of office, I am also grateful for their kindness and support.

To the members of my own staff, all of whom I would like to mention individually, I am very grateful for their loyalty and their co-operation. They have never shirked work but have always given of their best without question. We have been a very happy team. I would, however, mention Mr. P. Shoesmith, my Senior Administrative Officer, who has been with me for over 20 years. Mr. Shoesmith has an intimate knowledge of the work of the Department; is a great organiser and a tower of strength. To him, to Mr. C. Stansbury, Chief Sanitary Inspector, and to all the other members of the staff I wish every success and happiness in the future.

It has always been my endeavour to make our social services very personal in outlook and in this I have been very ably supported by my staff. I believe it is because of this that the services provided have been really successful and appreciated by those using them. I am conscious of the many deficiencies in these services, most of which could have been overcome by the expenditure of more money. To my successor is left the filling of those gaps. This will be done by the implementation of the "Proposals" submitted under the National Health Service Act. His task will not be an easy one until such time as shortage of staff are overcome and accommodation in suitable buildings can be provided. There are many unhealthy areas still remaining, many unfit and insanitary houses to be wiped out, many cases of overcrowding, but until more and more new houses are provided little headway can be made in wiping out these evils. The problem of suitable accommodation for the aged and infirm has also to be tackled, and this will be accomplished under schemes to be formulated under the National Assistance Act.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

JAMES A. M. CLARK,

May, 1949.

Medical Officer of Health.

VITAL STATISTICS

Then and Now

| | 1923 | 1948 |
|--|---------|---------|
| Population (estimated) | 100,400 | 112,600 |
| Births | 2,342 | 2,315 |
| Birth Rate | 23.32 | 20.56 |
| Deaths | 1,176 | 1,203 |
| Death Rate | 11.68 | 10.68 |
| Deaths over 65 years (percentage of total) | 30.8% | 52.8% |
| Infant Deaths | 219 | 99 |
| Infantile Mortality | 94 | 42.76 |
| Deaths from Measles | 37 | Nil |
| Deaths from Whooping Cough | 35 | 2 |
| Deaths from Diarrhoea (under 2) | 39 | 7 |
| Deaths from Scarlet Fever | 2 | 1 |
| Deaths from Diphtheria | 7 | 1 |
| Deaths from Pulmonary Tuberculosis ... | 93 | 79 |
| Deaths from Other Forms of Tuberculosis | 20 | 6 |
| Pulmonary Tuberculosis Death Rate ... | 0.92 | 0.70 |
| Other Forms of Tuberculosis Death Rate | 0.20 | 0.05 |
| Deaths from Cancer | 108 | 196 |
| Cancer Death Rate | 1.07 | 1.74 |
| Maternal Mortality | 1.65 | 0.84 |

SUMMARY OF STATISTICS

1. General Statistics

| | |
|--|----------|
| Area in Acres | 8,780 |
| Population (At Census 1931) | 103,059 |
| Number of Inhabited Houses ,, ,, ,, | 23,311 |
| Number of Families ... ,, ,, ,, | 24,953 |
| Population 1948 (estimated) | 112,600 |
| Rateable Value ' | £564,219 |
| Sum represented by a penny Rate | £2,245 |
| Population per Acre | 12.8 |

2. Extracts from Vital Statistics

| | |
|--|-------|
| Number of Births Registered | 2,315 |
| (Legitimate: M., 1,157 F., 1,062 Total 2,219) | |
| (Illegitimate: M., 49 F., 47 Total 96) | |
| Birth Rate per 1,000 population | 20.56 |
| Number of Deaths (M. 664, F. 539) | 1,203 |
| Crude Death Rate per 1,000 population | 10.68 |
| Number of Women dying in or in consequence of Childbirth: | |
| From Puerperal Sepsis | Nil |
| From other Puerperal Causes | 2 |
| Maternal Mortality per 1,000 (live and still) Births | 0.84 |
| Number of Deaths of Infants under 1 year of age | 99 |
| Infant Mortality per 1,000 Births | 42.76 |
| Infant Mortality (legitimate infants) per 1,000 births | 43.71 |
| Do. (illegitimate infants) do. | 20.83 |
| Death Rate per 1,000 Population, from— | |
| Respiratory Tuberculosis | 0.70 |
| All forms of Tuberculosis | 0.75 |
| Respiratory Diseases (excluding Tuberculosis) | 1.33 |
| Cancer | 1.74 |
| Seven Principal Zymotic Diseases (Smallpox, Enteric Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria and Membranous Croup) | 0.04 |

| | | | | |
|--|-----|-----|-----|------|
| Death Rate from Diarrhœa and Enteritis of Children under | | | | |
| 2 years of age, per 1,000 births | ... | ... | ... | 3.02 |
| Deaths from Diarrhœa under 2 years | ... | ... | ... | 7 |
| Deaths from Measles (all ages) | ... | ... | ... | Nil |
| Deaths from Whooping Cough (all ages) | ... | ... | ... | 2 |

Coroner's Inquests

176 inquests were held in the Borough during the year (115 males and 61 females).

| | | |
|---|-----------|----------|
| POST-MORTEM EXAMINATIONS ordered by Coroner | ... | 144 |
| SUMMARY OF INQUESTS | M. | F. |
| Death by Murder | — | — |
| „ Suicide | 15 | 5 |
| „ Manslaughter and Infanticide | — | — |
| „ Self-induced Abortion | — | — |
| „ Neglect | — | — |
| „ Want of Attention at Birth | — | — |
| Accident or Misadventure | 41 | 26 |
| Death from Natural Causes | 57 | 30 |
| Stillborn | 2 | — |
| Open Verdicts | — | — |
| Inquests adjourned | — | — |
| | <hr/> 115 | <hr/> 61 |

| | | | | | | | |
|---|-----|-----|-----|-----|-----|---|---|
| Inquests on children suffocated whilst in bed (accidental) | ... | ... | ... | ... | ... | — | 1 |
|---|-----|-----|-----|-----|-----|---|---|

| | | | |
|---|-----|---|---|
| Inquests on bodies of newly born children | ... | — | — |
|---|-----|---|---|

Vital Statistics

The Birth Rate is 20.56 as compared with 17.9 in England and Wales as a whole, and 20.0 for the large towns.

The Death Rate shows a decrease, being 10.68 compared with 10.8 for the country as a whole and 11.6 for the large towns.

The Infant Mortality Rate is 42.76, as compared with 50.14 in the previous year. The rate for the country as a whole is 34.0 and for the large towns 39.0.

There were 2 Maternal Deaths during the year.

The Death Rate from Respiratory Tuberculosis shows an increase, being 0.70 per 1,000 of the population. The death rate from other Respiratory Diseases shows a decrease, being 1.33 per 1,000 as against 1.50 in the previous year.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN WALSALL COUNTY BOROUGH, 1948
As furnished by the Registrar-General

| CAUSES OF DEATH. | | | Sex | All Ages | 0- | 1- | 5- | 15- | 45- | 65- |
|--|-----|-----|----------|------------|----------|----------|---------|----------|------------|------------|
| ALL CAUSES ... | ... | ... | M. F. | 664 539 | 66 33 | 16 10 | 11 4 | 62 64 | 179 123 | 330 305 |
| 1. Typhoid and Paratyphoid Fevers | ... | ... | M. F. | — — | — — | — — | — — | — — | — — | — — |
| 2. Cerebro-Spinal Fever | ... | ... | M. F. | 1 — | 1 — | — — | — — | — — | — — | — — |
| 3. Scarlet Fever | ... | ... | M. F. | — — | — — | — — | — — | — — | — — | — — |
| 4. Whooping Cough | ... | ... | M. F. | 1 2 | — 2 | — — | 1 — | — — | — — | — — |
| 5. Diphtheria | ... | ... | M. F. | — 1 | — — | — — | — 1 | — — | — — | — — |
| 6. Tuberculosis of Respiratory System | ... | ... | M. F. | 44 35 | — — | — — | — — | 17 28 | 20 5 | 7 2 |
| 7. Other Forms of Tuberculosis | ... | ... | M. F. | 3 3 | 1 — | 2 1 | — — | — 2 | — — | — — |
| 8. Syphilitic Diseases | ... | ... | M. F. | 3 3 | — — | — — | — — | — — | 2 — | 1 1 |
| 9. Influenza | ... | ... | M. F. | 1 1 | — — | — — | — — | — — | — — | 1 2 |
| 10. Measles | ... | ... | M. F. | 3 — | — — | 1 — | — — | — — | — — | — — |
| 11. Ac. Poliomyelitis, etc. | ... | ... | M. F. | — — | — — | — — | — — | — — | — — | — — |
| 12. Ac. Inf. Encephalitis | ... | ... | M. F. | 2 — | — — | 1 — | — — | — — | — — | 1 — |
| 13. Cancer, Buc. Cavity, Oesophagus and Uterus | ... | ... | M. F. | 10 13 | — — | — — | — — | — 2 | 1 4 | 9 7 |
| 14. Cancer, Stomach and Duodenum | ... | ... | M. F. | 16 6 | — — | — — | — — | 2 — | 9 3 | 5 3 |
| 15. Cancer of Breast | ... | ... | M. F. | — 24 | — — | — — | — — | — 5 | — 10 | — 9 |

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1948

| NOTIFIABLE DISEASE | CASES NOTIFIED IN WHOLE DISTRICT | | | | | | | | | | | | TOTAL CASES NOTIFIED IN EACH WARD | | | | | | | | Total Deaths * | | |
|--------------------------|----------------------------------|---------------|--------|--------|--------|--------|---------|----------|----------|----------|----------|----------|-----------------------------------|--------------|-------------|----------------|----------------|--------------|-------------|------------|-------------------|---------------|--------------|
| | At All Ages | At Ages—Years | | | | | | | | | | | Bloxwich Ward | Leamore Ward | Harden Ward | Birchills Ward | Hatherton Ward | Paddock Ward | Bridge Ward | Pleck Ward | | Caldmore Ward | Palfrey Ward |
| | | Under 1 | 1 to 2 | 2 to 3 | 3 to 4 | 4 to 5 | 5 to 10 | 10 to 15 | 15 to 25 | 25 to 35 | 35 to 45 | 45 to 65 | | | | | | | | | | | |
| Small-Pox ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Cholera (C.) Plague (P.) | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Diphtheria ... | 3 | — | 1 | — | — | 1 | — | — | — | — | — | — | — | — | 2 | — | — | 1 | — | — | — | — | 1 |
| Erysipelas ... | 41 | — | — | — | — | — | — | 3 | 1 | 5 | 24 | 8 | 7 | 1 | 1 | 3 | 1 | 5 | 2 | 5 | — | — | |
| Scarlet Fever ... | 411 | 4 | 6 | 18 | 29 | 32 | 201 | 70 | 22 | 15 | 11 | 3 | 24 | 37 | 16 | 24 | 27 | 72 | 45 | 54 | 1 | — | |
| Typhus Fever ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Enteric Fever ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Measles ... | 537 | 33 | 41 | 58 | 55 | 62 | 192 | 53 | 24 | 10 | 7 | 2 | 23 | 30 | 16 | 42 | 15 | 210 | 33 | 62 | — | — | |
| Whooping Cough ... | 434 | 75 | 65 | 67 | 69 | 50 | 100 | 5 | 2 | — | — | — | 45 | 23 | 17 | 22 | 23 | 94 | 53 | 44 | — | — | |
| Puerperal Pyrexia ... | 4 | — | — | — | — | — | — | — | 2 | 2 | — | — | — | — | — | 1 | — | — | 1 | 1 | — | — | |

INFECTIOUS DISEASES

Diphtheria

3 cases of Diphtheria were notified, compared with 14 in 1947, a new low record. There was one fatal case, against two in the previous year. All the 3 cases occurred in non-immunised persons. 2,462 children (1,224 under the age of five years and 1,238 between the ages of five and fifteen), were immunised against the disease. 4,314 children were given a reinforcing dose.

Scarlet Fever

411 cases of Scarlet Fever were notified during the year, as compared with 368 in the previous year. The disease was of a mild character and there was one death.

Measles

Measles was less prevalent, 537 being notified as compared with 1,768 in the previous year. There were no deaths.

Whooping Cough

434 cases of Whooping Cough were notified as compared with 274. There were two fatal cases.

Acute Primary or Influenzal Pneumonia

236 cases were notified as compared with 186. There were 56 deaths from this cause during the year, a decrease of 26 on the previous year. Influenza accounted for 4 deaths as compared with 20 in the previous year.

Other Diseases

Six cases of Poliomyelitis were notified, and three cases of Cerebro-Spinal Fever. There was one death from Cerebro-Spinal Fever.

NURSING HOMES

There are four nursing homes in the Borough to which maternity cases are admitted and one nursing home for old people. The four maternity nursing homes are registered to take a total of 21 maternity cases and 2 of other types of patients. The home for aged persons is registered to take three cases. No new homes were registered during the year and none were closed..

The Senior Medical Officer for Maternity and Child Welfare paid a total of 20 visits to the homes during the year and found all to be in a satisfactory condition. There were no outbreaks of infectious disease during the year.

The private Nursing Homes have provided a very valuable addition to the number of maternity beds hitherto provided by the municipality. Now that all maternity treatment in hospital is free, one cannot foresee much future for the private nursing home, and it is very probable that in the near future, the number of beds provided privately will be considerably reduced.

SCABIES TREATMENT

The Health Committee have established a Scabies Clinic in premises in Hatherton Road and two attendants are employed to give the necessary treatment to school children and adults.

Since the war ended the number of cases attending for treatment has shown a steady decline, partly due to the effective treatment available and also to the ending of re-infection which was widespread during the war years.

During the year 67 men, 87 women and 239 children received treatment. a total number of 703 attendances being made for this purpose.

The decline in the number of cases now coming forward is proof of the justification for setting up a clinic of this nature and we are of opinion that it should be maintained to keep this disease under control. It is to be hoped that the persuasion of Health Visitors in matters of cleanliness will in due course have its effect,

CLEANSING OF PERSONS

Arrangements are in force whereby unclean persons are cleansed at Beacon Lodge. During the year 25 persons received the necessary treatment by arrangement with the Health Department.

NURSERIES AND CHILD-MINDERS

The Nurseries and Child-minders Regulations Act, 1948 came into force on the 30th July and provides for the registration of nurseries and child-minders where children numbering more than 2 and who come from more than one household are cared for. The Act does not apply to the care of children by relatives.

The care of such children in Walsall has never been a serious problem and up to the end of the year no premises or persons had been registered under the Act.

PATHOLOGICAL EXAMINATIONS

Up to the 4th July, 1948 the Council had an arrangement whereby their bacteriological and pathological examinations were carried out by the Birmingham University Public Health Laboratory, this arrangement having been in force for many years.

With the coming into force of the National Health Service Act the University decided not to participate in the National Laboratory Service and consequently the Council made arrangements for their bacteriological and pathological work to be carried out by the Public Health Laboratory Service at Stafford. This laboratory, which is directed by the Medical Research Council for the Ministry of Health, has established an excellent laboratory service which the Health Department is utilising to the full. The laboratory has now instituted a daily collection service and our thanks are due to the Director who has gone to such trouble to give us such an efficient service.

The medical staff of the Health Department send specimens for examination regularly and the service is also open to any of the local medical practitioners. The bacteriological examination of milk and other specimens is also carried out.

PUBLICITY

A steady campaign of Health Education has been maintained throughout the year. Posters are displayed in our welfare centres, clinics and waiting rooms and public advertisements in the local newspapers have been used to re-inforce the Diphtheria Immunisation Campaign.

A system of personal approach to parents has been instituted in the campaign to stimulate interest in infant vaccination and infant diphtheria immunisation. When a child reaches the age of three months an intimation is sent to the parents reminding them of the facilities available for vaccination against smallpox and these leaflets, prepared by the Central Council for Health Education, invite the parents to make an appointment to have their child vaccinated. In the case of diphtheria immunisation a birthday card is sent to each child attaining the age of one year, and who has not been immunised against diphtheria, and again there is an invitation to parents to make an appointment for the immunisation to be carried out. The response to the diphtheria immunisation leaflet has been reasonably good but, as mentioned in a later section of the report, the parents do not respond so readily to the invitation for vaccination.

Lectures by the Superintendent Health Visitor and her staff on mothercraft and hygiene instruction have been given in the schools and talks to parents have also been given at Parent-Teacher Associations and other organisations. As opportunity offers we shall expand all forms of publicity on Health Education for we feel sure the results to be obtained will well justify the effort. One has only to remember the remarkable response to the Diphtheria Immunisation Campaign to see how properly directed information can benefit the community. The process is an expensive one but the benefits to be derived far outweigh the financial cost.

A small booklet giving particulars of the local health services upon the passing of the National Health Service Act, has been prepared and this is available at the clinics, welfare centres and waiting rooms, and is distributed by our health visiting and midwifery staffs and the district nursing staff to the homes of persons likely to use our services. It is hoped at a later date, when the services have more fully developed, to issue a more comprehensive booklet which can be more widely distributed.

TRANSFERRED SERVICES

On the 5th July, 1948, the Manor Hospital, Gosco'te Isolation Hospital, Pelsall Sanatorium, Bloxwich Maternity Home, Tuberculosis Dispensary, Sunlight Clinic, Venereal Diseases Clinic and Orthopædic Clinic were all transferred to the Regional Hospital Board, and came under the control of the Walsall Hospital Management Committee (Group 19) although the officers of the Borough Council continued to act as agents for some months after the transfer. The Medical Officer of Health continued to act as Medical Superintendent of the Gosco'te Isolation Hospital until the hospital was closed for the admission of cases of infectious disease.

At the request of the Regional Hospital Board, officers of the Health Department are responsible for the investigation of all applications for maternity hospital beds and for the allocation of those beds in accordance with the policy of the Ministry of Health.

Prior to the 5th July, 1948, the hospital maternity beds in Walsall were reserved almost entirely for Walsall mothers. Since that date these beds are available for mothers from a much larger area and consequently fewer beds are available for Walsall mothers, and it is quite impossible to deal with even one-third of the applications for admission. Continued shortage of nursing staffs and closed beds make the position worse.

For those mothers who are unable to obtain admission to a maternity bed, district midwives, trained in gas and air analgesia, are available, as are also domestic helps, but the service of domestic helps, in contradistinction to the hospital and midwifery service, is not a free service.

• VENEREAL DISEASES

On the 5th July, 1948 the Venereal Diseases Clinic at Manor Hospital was transferred to the Regional Hospital Board and as from that date the Council is no longer responsible for the work carried out at the Clinic.

We are, however, still concerned with the incidence of Venereal Diseases in the town and shall continue to work in close co-operation with the Venereal Diseases Medical Officer.

The following table shows the work of the Venereal Diseases Clinic during the year:—

TABLE SHOWING THE WORK OF THE VENEREAL DISEASES CLINIC DURING THE YEAR 1948

| | Syphilis | | Soft Chancere | | Gonorrhœa | | Conditions other than Venereal | | Totals | | Totals |
|---|----------|------|------------------|----|-----------|-----|--------------------------------------|-----|--------|------|--------|
| | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | |
| Number of cases on Register 1st January, 1948 ... | 91 | 87 | — | — | 59 | 18 | 21 | 44 | 171 | 149 | 320 |
| Number of old cases returned for treatment or observation of same infection | 6 | 8 | — | — | — | — | — | — | 6 | 8 | 14 |
| Number of new cases dealt with for the first time ... | 33 | 30 | — | — | 78 | 28 | 129 | 131 | 240 | 189 | 429 |
| Number of new cases transferred from other centres ... | 10 | 2 | — | — | 7 | 1 | — | — | 17 | 3 | 20 |
| Total cases dealt with ... | 140 | 127 | — | — | 144 | 47 | 150 | 175 | 434 | 349 | 783 |
| Attendances—Medical examinations | 1252 | 1128 | — | — | 772 | 232 | 659 | 479 | 2683 | 1839 | 4522 |
| Irrigation, dressings | 20 | — | — | — | 102 | 10 | 96 | 42 | 218 | 52 | 270 |
| Total attendances | 1272 | 1128 | — | — | 874 | 242 | 755 | 521 | 2901 | 1891 | 4792 |
| Patients admitted to hospital | 2 | 4 | — | — | — | — | — | — | 2 | 4 | 6 |
| “In-patient days” | 14 | 94 | — | — | — | — | — | — | 14 | 94 | 108 |
| Walsall persons treated at Centres in other towns ... | 1 | — | — | — | 2 | — | 13 | — | 16 | — | 16 |
| Number of new cases attending during 1948 | 51 | — | — | — | 64 | — | 168 | — | — | — | 283 |
| Walsall | 12 | — | — | — | 42 | — | 92 | — | — | — | 146 |
| Staffordshire | — | — | — | — | — | — | — | — | — | — | — |

| | Microscopical | | Cultural for Gonorrhœa | | Serum | | Cerebro- Spinal Fluid | | Others for Diagnosis of Venereal Disease |
|---|-----------------|------------------|------------------------------|------------------|-----------------|------------------|-----------------------------|----|---|
| | for Syphilis | for Gonorrhœa | for Syphilis | for Gonorrhœa | for Syphilis | for Gonorrhœa | | | |
| Pathological Work— Specimens examined at Walsall Clinic | 161 | 1529 | 2 | — | — | — | — | 45 | 48 |
| do do an Approved Laboratory | — | — | — | — | 1552 | 9 | — | — | — |

NATIONAL HEALTH SERVICE ACT

1946

HEALTH CENTRES

Informal discussions are to take place with representatives of the local medical profession, and certain recommendations as to the reservation of sites for the building of Health Centres, will be made to the appropriate committee of the Borough Council.

CARE OF MOTHERS AND YOUNG CHILDREN

Dr. I. M. Brown, the Senior Medical Officer for Maternity and Child Welfare, has supplied the following report upon the maternity and child welfare work in the department.

“The outstanding event of 1948 was the introduction, on the 5th July, of the National Health Service. It was to be expected there would be a falling off in attendances at clinics generally and this was proved to be so. Some expectant mothers, having available the services of the family doctor, at first ceased attending the Ante-Natal Clinics, but towards the end of 1948 there was evidence that the attendances at these clinics were again on the upgrade. Enquiries show that some of the expectant mothers find the times of the family doctor's surgery hours to be more convenient than the regular Ante-Natal Clinic sessions, but it is too early yet to say to what extent each of the services available to mothers will ultimately be used.

There was a similar trend in the attendances at Welfare Centres, though not so pronounced as at the Ante-Natal Clinics. Mothers generally show more tendency to consult their family doctor about their children's health than formerly. The important point is that the children are now adequately covered by the medical services.

Some of the expectant mothers are found to be debilitated and oppressed by the poor housing conditions at present prevalent and it is suggested that convalescent or rest homes should be provided for mothers prior to their confinement. A real rest away from their families and their housing troubles would be a boon to a large number of expectant mothers.

During the year 807 blood tests were taken at our Ante-Natal Clinics for the Wasserman Reaction. Ten of the expectant mothers concerned proved to require treatment, a rate of 1.24%. The cases were referred to the Venereal Diseases Clinic at the Manor Hospital for treatment, with satisfactory results.

With the abolition of compulsory vaccination, arrangements were made to vaccinate infants at the Welfare Centres. We are far from satisfied with the response and every effort is being made by personal contact and printed posters to impress upon mothers the desirability of early vaccination. The method of Multiple Puncture Vaccination, recommended by the Ministry of Health, has been adopted and local reaction is minimised. It is hoped that in time vaccination will come to be regarded in the same light as immunisation against diphtheria, which is now taken for granted by the majority of mothers.

Up to the end of 1948 the demand for beds in private nursing homes exceeded the supply and most of the nursing homes were fully booked up for six months ahead.

The two Day Nurseries continue to do good work under difficult conditions and here again applicants have to be turned away because of the limited accommodation and the process of selection of applicants is not an easy task. More Nurseries are genuinely required and the Council are to go ahead with the provision of modern permanent Day Nurseries, adequately equipped and staffed. During the year arrangements were made for our Nursery Students at the Day Nurseries to train for the Nursery Nurses Certificate and an exchange was arranged between Nursery Schools and the Day Nurseries for Nursery Students to work alternately in Nurseries and Schools to obtain the necessary experience of children up to the age of five years.

With the limited accommodation available in Day Nurseries and Nursery Schools it might be worthy of consideration for a few playgrounds for young children to be made available to relieve mothers harrassed by difficult housing conditions and also to provide definite benefit to the young children.

Miss Shaffrey was appointed Supervisor of Midwives in succession to Mrs. Kendall and took up her duties in June 1948.

The Domiciliary Midwifery Staff has been increased to 14 midwives and another midwife is to take up her duties early in 1949. With the increased staff now available it is hoped to gradually approximate to the midwifery conditions laid down by the Working Party Report and to reduce the number of cases per midwife to more reasonable proportions. We feel that our Midwifery Service is now adequately meeting all demands made upon it; gas and air analgesia is available to any mother who desires it and all the midwives, with one exception, are qualified to administer the analgesic. The midwives are also the source of issue for maternity outfits and the provision of these is greatly appreciated.

There is a steadily increasing demand for Domestic Help in maternity cases and every endeavour is made to give priority to the expectant mothers' needs. So far we have been reasonably successful and shall continue to increase our staff as opportunity offers.

Home visiting by the Health Visitors is still very much handicapped by staff deficiencies. The scheme for training our own Students at the Birmingham Health Visitors' Training School has been successful though limited in numbers, but even with the newly-trained staff there are not sufficient Health Visitors to cope with all the necessary home visits. An additional amount of visiting is required in connection with the applications for admission to the Maternity Hospital at Bloxwich and the Maternity Unit, Manor Hospital and this takes up valuable time which might be used more advantageously in the day to day home visitation. Persistent visiting might improve the numbers of mothers who breast feed their children though the cheapness and ease with which National Dried Milk can be obtained no doubt accounts for the large proportion of bottle fed babies.

The attendances at the Welfare Centres are reasonably satisfactory. An improvement I should very much like to recommend is that additional orthopædic consultation sessions should be held as, with only one monthly session available at present, the delay in the examination of cases is prolonged, a state of affairs which should be remedied if at all possible.

The attendances at the Post-Natal Clinic are very disappointing, few mothers returning for examination seven weeks after their confinement. It is apparent that very few mothers realise the value of post-natal supervision and this is a matter which calls for further education. The Health Visitors and Midwives have been instructed to advise mothers to attend and we are hopeful of better results in the future.

The arrangements under the National Health Service provide for the family doctor to continue supervision of his booked cases after confinement and we believe more mothers are seen post-natally by their own doctors than attend the Council's Post-Natal Clinics.

Attendances Registered at the Infant Welfare Centres

| CENTRE | Under 6 months | | 6—12 months | | 1—2 years | | 2—5 years | | Total | | New Cases |
|---------------|-------------------|------|----------------|------|--------------|------|--------------|------|-------|------|--------------|
| | A. | M. | A. | M. | A. | M. | A. | M. | A. | M. | |
| Pool St. .. | 2195 | 583 | 1526 | 386 | 1209 | 410 | 1072 | 207 | 6002 | 1586 | 296 |
| Field Rd. .. | 3373 | 1118 | 1744 | 538 | 1423 | 579 | 1643 | 398 | 8183 | 2633 | 588 |
| Littleton St. | 2159 | 569 | 898 | 255 | 831 | 327 | 1075 | 223 | 4963 | 1374 | 373 |
| Countess St. | 3088 | 738 | 1914 | 444 | 1236 | 402 | 1232 | 224 | 7470 | 1808 | 386 |
| Ida Rd. .. | 1855 | 578 | 970 | 316 | 725 | 295 | 1122 | 298 | 4572 | 1487 | 288 |
| Totals .. | 12670 | 3586 | 7052 | 1939 | 5424 | 2013 | 6144 | 1350 | 31290 | 8888 | 1931 |

A.—Attendances.

M.—Medical Examinations.

Attendances Registered at the Ante-natal and Post-natal Clinics during 1948

| | Pool St. | | Field Rd. | | Countess Street | | Ida Rd. | | Totals | |
|-------------------------|----------|-----|-----------|------|--------------------|-----|---------|------|--------|------|
| | A. | M. | A. | M. | A. | M. | A. | M. | A. | M. |
| Ante-natal Cases ... | 1180 | 781 | 2693 | 1826 | 836 | 628 | 1405 | 1048 | 6114 | 4283 |
| Ante-natal New Cases | 206 | | 469 | | 133 | | 327 | | 1135 | |
| Post-natal Cases ... | 4 | 4 | 6 | 6 | 7 | 7 | — | — | 17 | 17 |
| Post-natal New Cases | 4 | | 6 | | 7 | | — | | 17 | |

A.—Attendances.

M.—Medical Examinations.

DENTAL TREATMENT

Owing to the lack of staff it has not been possible to implement the proposals made under Section 22 of the National Health Service Act for the extension of the dental service to expectant and nursing mothers, and children under the age of five years who are not in attendance at school.

These proposals provided for adequate facilities for every expectant mother to be examined by a dental practitioner following her first attendance at an Ante-natal Clinic; for the periodical examination of children under the age of 5 years and for the necessary treatment to be provided where required, particular attention to be paid to conservative treatment.

Day Nurseries

The two Day Nurseries, one situated at the Bescot Road Methodist Schools and the other at the Blakenall Congregational Schools have again been filled to capacity throughout the year. We have to report there is still a considerable demand for accommodation in the nurseries which cannot be met and this question is receiving consideration by the Health Committee and steps have been taken to obtain suitable sites for the building of permanent Day Nurseries. Although the existing Nurseries have fulfilled a useful function since their inception, the premises are not suitable and the children cannot obtain the full advantages of a Day Nursery life to which they are entitled. It is hoped that the Council will proceed with the building of the new Nurseries at the earliest possible date.

The health of the children in attendance at the Nurseries has been very satisfactory and it is a pleasure to see the rapid progress which a child makes when partaking of a Day Nursery routine. Regular and adequate meals, sufficient sleep and interesting pastimes soon begin to show their mark on the child and it is a source of satisfaction to see the progress which they make.

During the year we were fortunate in receiving a considerable sum of money from the Cinema Sub-Committee for the purchase of toys and additional apparatus and each of the nurseries has been almost re-equipped from this source. Our thanks are due to the Sub-Committee for their generosity in providing articles which are not normally provided out of rate aided funds.

The health of the children has been consistently good during the year apart from a minor outbreak of measles.

The following table shows the average attendances at the Nurseries during the year:—

| Day Nursery | Average No. on Register | Total No. of attendances | Average daily attendances |
|---------------|----------------------------|-----------------------------|------------------------------|
| Bescot ... | 66 | 12,907 | 51.4 |
| Blakenall ... | 53 | 10,845 | 43.0 |

Maternity Outfits

The Council's proposals under Section 22 of the National Health Service Act, 1946 allowed for the provision of Maternity Outfits to each expectant mother confined at home, and the provision of these outfits was commenced in October of this year. Each outfit contains the following:—

- 1 18 x 18 Accouchement Sheet
- 12 Large Maternity Pads
- 12 Extra Large Maternity Pads
- 1 Sheet Tarred Paper 36 x 45
- 3 4-oz. packets Wool
- 6 5 x 5 Umbilical Pads.

The distribution of the Outfits is made through the Municipal Midwives, a sufficient stock being maintained by them to meet all possible needs. There is no doubt the provision of these Outfits has been of great benefit to mothers whose confinements are to take place at home and we know they are very much appreciated. The Midwives, also, are assured of adequate equipment for the confinement, together with sterile dressings, and their work has been facilitated accordingly.

Provision of Foods

Infant foods of various kinds have been sold at the Welfare Centres throughout the year and every effort has been made to meet the demand made upon this service. We are glad to report that the "rationing" which had to be resorted to in the previous year has been discontinued, the supply position now being very much improved.

National Dried Milk is available at all our Welfare Centres and is also obtainable direct from the Food Office. In many ways we are of opinion that it would be much more satisfactory if the sale of National Dried Milk was concentrated entirely at the Welfare Centres. Mothers, having obtained their National Dried Milk from the Food Office, find it difficult to make an additional journey to the Welfare Centre and, no doubt, this is partly responsible for the slight falling off in attendances at the Centres.

The encouragement which the easily obtained dried milk gives to the mother to bottle feed her baby is to be deplored for, by the time the child does arrive at the Welfare Centre, it is too late for breast feeding to be established.

The following table shows the types and amounts of foods sold during the year at the Welfare Centres and it will be noted that provision has been fully made for every type of food to be sold to meet individual children's needs:—

| | |
|-------------|-------------------------|
| 13,550 lbs. | Cow and Gate Dried Milk |
| 3,334 lbs. | Ostermilk Dried Milk |
| 2,860 lbs. | Trufood |
| 67 lbs. | Frailac |
| 104 lbs. | Daltose |
| 45 lbs. | Allergilac |
| 1,616 tins | Lactagol |
| 3,669 tubs | Virol |
| 3,490 tins | Ovaltine |
| 424 lbs. | Cod Liver Oil and Malt |
| 141 lbs. | Robinson's Groats |
| 231 pkts. | Farex. |

In addition, should any child need a special food, even for only a limited period, steps are immediately taken to obtain a supply for the mother, though the purchase of such foods may occasionally involve the department in a slight financial loss.

The Council loan their Welfare Centres to the Ministry of Food for the distribution of Cod Liver Oil and Orange Juice.

UNMARRIED MOTHERS AND CHILDREN

Care of Illegitimate Children. The Walsall County Borough, as the Welfare Authority, is a constituent authority of the Staffordshire County Council Scheme for the care of illegitimate children and their mothers.

The following report has been supplied by the Secretary of the Lichfield Diocesan Association for Moral Welfare Work:—

“Forty-two cases in which illegitimate births occurred in 1948 have been dealt with by Sister Ellis, the Outdoor Worker for the area.

Ten mothers remained in their own homes for their confinements, 21 went to hospital, 2 to private nursing homes and 1 to a medical home in London as she was in need of special treatment. Eight expectant mothers went into Diocesan Homes about 2 months before their babies were due to be born and remained until satisfactory arrangements were made for them and their babies.

The babies were accommodated as follows:—

- 21 with their mothers at home
- 12 adopted (8 through this Association, 2 through Local Authorities and 2 through direct placing by their mothers).
- 1 admitted to a Church of England Children's Home.
- 2 placed in the care of the Local Authority.
- 3 Boarded Out (2 with relatives and 1 with foster parents).
- 1 died in hospital.
- 1 miscarriage.
- 1 Transferred to Birmingham Worker.

In only 4 cases has it been possible to obtain payment from putative fathers. In 2 cases by Affiliation Orders and 2 by private agreement whereby the money is paid through the Worker.

In one case a man was sentenced to 18 months' imprisonment for "Carnal Knowledge" and the girl of 13½ sent to a Diocesan Home.

Several old cases have been visited and many mothers have kept in friendly touch both with the Outdoor Worker and with the Superintendent of Homes.

On 31st December, 11 expectant mothers whose babies were due in 1949 were under care."

PREMATURE INFANTS

Notifications were received in respect of 153 infants whose birth weight was 5½ lbs. or under, an increase over the previous year when 128 such infants were notified to us. In some cases the notifications applied to infants who, although the birth weight was 5½ lbs. or less, were really full-term, but these infants were given the same care as those prematurely born.

Of the 153 infants notified, 70 were born in hospital, 67 on the district and 16 in private nursing homes. There were 11 sets of twins, 2 sets of whom died within 24 hours of birth. 10 of the babies born in hospital and 5 born at home died within 24 hours, while 56 were surviving at the end of one month. Of the 70 babies born in hospital, 58 survived at the end of four weeks, and of the 16 born in private nursing homes all were living at the end of four weeks.

The midwives on the district are issued with a supply of Kapilon to give to the mother before delivery, with a view to helping to prevent birth hæmorrhage. An incubator is available for use on the district and premature gowns are issued to midwives on request, but at the present time no other equipment is available, the midwives being encouraged to improvise from what is available in the home. Of course, cases requiring more specialised care are transferred to the Manor Hospital.

Of the 99 infants who died under the age of one year, 30 were certified as having died from prematurity; 20 of these babies were of low birth weight.

Emergency Maternity Service

Arrangements have been made for the services of an emergency team of doctors and nurses from Manor Hospital, with the necessary equipment, to attend complicated cases of labour on the district when required. This emergency team, known as the "Flying Squad," was called out to 12 cases during the year, with very successful results.

Maternal Mortality

There were two maternal deaths during the year, neither of which was from puerperal sepsis. The death rate is 0·84 per thousand of live and still births, as against a death rate in England and Wales of 1·02.

Infectious Diseases

There were five cases of Ophthalmia Neonatorum notified during the year. In all these cases, after treatment, the vision was unimpaired and all the infants made a good recovery.

There were four cases of Puerperal Pyrexia notified during the year.

INFANT MORTALITY

Ninety-nine children died under the age of one year, giving an infant death rate per thousand births of 42·76. This is the lowest infant death rate ever recorded in the history of the Borough. Whilst we might feel a reasonable amount of satisfaction at the success which is following upon our long continued efforts to save infant life, we must still pursue every possible measure to further reduce the deaths of infants. It should be remembered that the infant mortality rate for the great towns, with which that of Walsall is comparable, is only 39 per thousand births and we cannot afford to slacken our efforts in any degree.

We are assisted more and more by the attitude of mothers who, in the main, do everything in their power to ensure that their babies have the advantages of proper feeding, medical supervision and the expert advice which is now available to all. Mothers are rightly proud of the children who are being reared to-day. This attitude of mind towards young children is the result of long years of training by all concerned; the family doctor, the medical and nursing staffs at the Welfare Centres and the health visitor in the home. With the continuation of the methods which have proved to be so successful together with adequate ante-natal care, it is hoped the infant mortality rate will be further reduced in the years to come.

INFANT MORTALITY DURING THE YEAR 1948

Nett Deaths from stated Causes at various ages under One year of age

| CAUSES OF DEATH | Total Deaths under 1 year | Under 1 week | 1-2 weeks | 2-3 weeks | 3-4 weeks | Total under 4 weeks | 1 & under 3 months | 3 & under 6 months | 6 & under 9 months | 9 & under 12 months | Bloxwich | Leamore | Harden | Birchills | Hatherton | Paddock | Bridge | Pleck | Caldmore | Palfrey |
|--------------------------------------|---------------------------|--------------|-----------|-----------|-----------|---------------------|--------------------|--------------------|--------------------|---------------------|----------|---------|--------|-----------|-----------|---------|--------|-------|----------|---------|
| Measles | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Whooping Cough ... | 2 | — | — | — | — | — | — | 1 | 1 | — | — | — | 1 | — | — | — | — | 1 | — | — |
| Other Common Infectious Diseases ... | 1 | — | — | — | — | — | — | — | 1 | — | — | — | — | — | 1 | — | — | — | — | — |
| Diarrhoea and Enteritis | 6 | — | — | — | — | — | 1 | 3 | 1 | 1 | 1 | — | 1 | 2 | 1 | — | 1 | — | — | — |
| Premature Birth ... | 30 | 26 | — | 2 | 1 | 29 | 1 | — | — | — | 2 | 2 | 9 | 2 | 1 | 2 | 2 | 7 | 2 | 1 |
| Congenital Malformations | | | | | | | | | | | | | | | | | | | | |
| Birth Injury; Infant Diseases ... | 23 | 19 | 1 | — | — | 20 | 1 | 2 | — | — | 1 | 1 | 10 | 2 | 2 | — | 2 | — | 1 | 4 |
| Tubercular Diseases ... | 1 | — | — | — | — | — | — | — | — | 1 | — | — | 1 | — | — | — | — | — | — | — |
| Bronchitis & Pneumonia | 19 | — | — | — | 1 | 1 | 9 | 6 | 2 | 1 | 2 | 1 | 7 | 2 | — | — | 3 | 2 | 1 | 1 |
| Other Causes ... | 17 | — | — | 2 | — | 2 | 4 | 4 | 3 | 4 | 3 | 3 | 4 | 1 | — | — | 2 | 1 | 1 | 2 |
| TOTALS ... | 99 | 45 | 1 | 4 | 2 | 52 | 16 | 16 | 8 | 7 | 9 | 7 | 33 | 9 | 5 | 2 | 10 | 11 | 5 | 8 |

Nett Births in the Year—Legitimate, 2,219; Illegitimate, 36.

Nett Deaths in the Year of Legitimate Infants, 97; Illegitimate Infants, 2.

MIDWIFERY SERVICE

The number of births registered during the year was 2,315, a decrease of 218 over the previous year. 1,287 of these cases were attended by the Municipal Midwifery Staff, who were also responsible for 4,499 ante-natal home visits to their patients. The domiciliary midwifery service has functioned very smoothly under the control of Mrs. Kendall, Supervisor of Midwives, who resigned her appointment at the end of April, and under Miss M. E. Shaffrey, S.R.N., S.C.M., who commenced duties as Supervisor of Midwives on the 7th June, 1948. At the end of the year the staff consisted of 1 Supervisor of Midwives and 14 midwives with an additional midwife expected to take up duties early in 1949.

The whole of the midwives, with one exception, are qualified to administer analgesia, having received their training either at the Birmingham Maternity Hospital, where special courses were arranged, or as a part of their S.C.M. qualification. The Department has provided six gas and air outfits and these are available for use in any part of the town. They are conveyed to the patient's home at the request of the midwives, by means of the ambulance and car service and by this means there is no delay when use of the outfit is required. The service is much appreciated by the patients and those availing themselves of the anæsthetic speak highly of the relief obtained.

There is, however, the failure of expectant mothers to obtain the medical certificate necessary to enable the midwife to administer gas and air. These certificates are available after examination by the family doctor or by the Medical Officer at the Ante-natal Clinic but, in practice, unless continual pressure is maintained on the expectant mother she often will not take the trouble to obtain her certificate allowing the midwife to use gas and air analgesia. Furthermore, a comparatively large number of women choose not to avail themselves of the anæsthetic, especially those mothers who have had previous confinements without an anæsthetic; they are often afraid to trust the unknown and prefer to have their confinements in what they consider to be the normal way. Slowly, by education, the younger mothers will accept gas and air analgesia as part of the normal routine and already we are finding this to be the case.

During the year 174 expectant mothers availed themselves of the gas and air facilities.

The shortage of nursing staff in the Maternity Unit at Manor Hospital continues and it is still necessary for patients to be discharged to their own homes before the 14th day after confinement and our Municipal Midwives have continued the nursing of these patients at home. During the year 293 cases were attended.

We have again to record the excellent co-operation which exists between Manor Hospital and the extern Ante-natal Clinics and to report that no difficulty has occurred in obtaining admission from the Clinics for any case judged to require hospital treatment.

Domiciliary Midwifery Service—1948

(including Nursing Homes)

| | Domiciliary Midwives | Midwives in Nursing Homes | Totals |
|---|-------------------------|---------------------------------|--------|
| No. of Midwives practising in the Borough at the end of 1948 (exclud- ing Hospitals)— | 15 | — | 15 |
| (a) Employed by the Council ... | 1 | 6 | 7 |
| (b) In private practice ... | 16 | 6 | 22 |
| | | | |
| | Domiciliary Cases | Cases in Nursing Homes | Totals |
| No. of cases in the Borough attended by Midwives— | | | |
| (a) Employed by the Council— | | | |
| (i) As Midwives ... | 1113 | — | 1113 |
| (ii) As Maternity Nurses ... | 174 | — | 174 |
| (b) In private practice— | | | |
| (i) As Midwives ... | 3 | 113 | 121 |
| (ii) As Maternity Nurses ... | 3 | 222 | 225 |
| TOTALS { (i) As Midwives ... | 1116 | 118 | 1234 |
| (ii) As Maternity Nurses ... | 177 | 222 | 399 |
| | 1293 | 340 | 1633 |

HEALTH VISITING

The Health Visiting work has been considerably curtailed throughout the year by the extreme shortage of trained Health Visitors. To combat this shortage the Council participated in a scheme of training for Health Visitors in conjunction with the Birmingham City Council and during the year two students attended the course of instruction for a period of seven months with the Birmingham Health Department. A student who had attended the training course held in 1947/48 successfully passed her examination and returned to the Department in May to take up duties as a fully trained Health Visitor.

Despite this scheme, the trained staff is only 50% of our total requirement but we have been fortunate in obtaining five State Registered Nurses who have, at various times throughout the year, acted as temporary Health Visitors. The dearth of trained staff is so widespread that the expedient of employing temporary staff will, no doubt, have to be continued for some considerable time. Although the Ministry of Health are not in entire agreement with the employment of such staff it is difficult to see how the service can be maintained without the help of these trained nurses.

During the year 14 Student Health Visitors from the Birmingham scheme were transferred to the Walsall Health Department for practical instruction at our clinics and on the district and these students were very grateful for the facilities given to them during their stay and were fully appreciative of the wide programme of tuition which had been prepared by a comparatively smaller Authority. We received many expressions of gratitude from these Students and are encouraged by the keen interest which they all displayed.

As much home visiting as possible has been carried out by our staff and it is to be regretted that more frequent visiting cannot be carried out with the staff available. It is in the home where real contact is made and the welcome which is given to the Health Visitor is proof of the assistance which she affords the mothers.

Table showing visits paid by Health Visitors

| Expectant mothers | | Children under one year of age | | Children between the ages of one and five | | Other Classes | | |
|-------------------|--------------|--------------------------------|--------------|---|--------------|---------------|--------------|---------------|
| First Visits | Total Visits | First Visits | Total Visits | First Visits | Total Visits | First Visits | Total Visits | Totals Visits |
| 614 | 655 | 2338 | 10149 | — | 15641 | 2833 | 2847 | 29292 |

HOME NURSING

The National Health Service Act, 1946 laid a duty upon the Council to make provision for securing a nursing service for all persons who require nursing in their own homes. In accordance with the provisions of the Act, the Council entered into an agreement with the Trustees of the Victoria Nursing Institution for the provision of a Home Nursing Service, the Council to be responsible for any financial deficit which the Nursing Institution might incur. The new arrangement came into force on the 5th July and is working admirably. Members of the Health Committee have been appointed to the Committee of the Victoria Nursing Institution and there has been close co-operation between the Council and the Institution.

At the Appointed Day the staff consisted of 1 Lady Superintendent and 7 part-time Nurses, but we are glad to report that by the end of the year 3 full-time Nurses had been appointed and 6 part-time Nurses were also engaged. Since the end of the year the position in regard to full-time Nurses has improved by 100% and the service which is now available to the public can be regarded as reasonably adequate. As further staff becomes available the service will be further improved for we feel that the work the District Nurses perform is of inestimable benefit to their patients.

In the six months that the scheme has been in operation 290 cases have been attended and 10,214 visits have been paid by Nurses to patients in their own homes. Many of these 290 cases were long standing chronic cases and have required continuous nursing over a very long period.

VACCINATION AND IMMUNISATION

VACCINATION

As from the 5th July vaccination of infants ceased to be compulsory and it is now open to parents to choose quite freely whether their children shall be vaccinated or not. The present position is much more satisfactory than it was under the Vaccination Acts; we can now devote our energies to pointing out to parents the advantages of vaccination in infancy. Leaflets prepared by the Central Council for Health Education are sent by post to the parents of each unvaccinated child on attaining the age of three months and the Doctors and Health Visitors at the Welfare Centres advise mothers of the advantages of early vaccination. Posters relating to vaccination are also prominently displayed.

The vaccination of infants and adults is now carried out by the family doctor, or, in the case of infants only, by the Medical Officers at the Welfare Centres. Special appointments are made for those parents choosing to have their children vaccinated at the Welfare Centres and every endeavour is made by the Health Visitors to persuade parents to allow their children to be vaccinated. Although the response so far has not been very good, we hope the position will improve now that the threat of compulsion has been removed.

Prior to the 5th July, 1948, 364 children and adults were vaccinated under the old arrangements, 163 of these not being notified until after the 5th July. Since that date 116 primary vaccinations have been carried out, 64 by private medical practitioners under the Local Health Authority's scheme, and 52 by the Authority's own medical officers at the child welfare centres. There were 7 unsuccessful vaccinations.

DIPHTHERIA IMMUNISATION

Arrangements are made at each of our Child Welfare Centres, Day Nurseries and School Clinics for the immunisation of children against Diphtheria. Visits are also paid to the schools for the immunisation of school children and for the administration of re-inforcing doses.

During 1948, 1,224 children under the age of five years and 1,238 between the ages of five and fifteen were immunised. In addition 4,314 children were given a re-inforcing dose.

Of the total, 135 children were immunised by private medical practitioners under the Authority's scheme, the remainder being immunised by the Local Health Authority's own medical officers.

It is estimated that approximately 35% of all children under the age of five years have been immunised and 99% of children between the ages of 5 and 14 years.

Diphtheria Immunisation

**Table showing number of children immunised each year,
by age groups**

| Year immunised | Under 5 | 5—14 | Total | No. of children given re-inforcing injection | Cases of Diphtheria notified |
|----------------|---------|-------|-------|--|------------------------------|
| 1948 | 1224 | 1238 | 2462 | 4314 | 3 |
| 1947 | 1089 | 725 | 1814 | 333 | 14 |
| 1946 | 957 | 1104 | 2061 | 508 | 18 |
| 1945 | 1144 | 1409 | 2553 | } | 34 |
| 1944 | 1136 | 1610 | 2746 | | 76 |
| 1943 | 1567 | 2488 | 4055 | | 196 |
| 1942 | 1708 | 2766 | 4474 | | 201 |
| 1941 | 883 | 2233 | 3116 | | 117 |
| 1940 | 106 | 1097 | 1203 | | 53 |
| Total | 9814 | 14670 | 24484 | 7845 | 717 |

* Prior to 1946 2,600 children had received a re-inforcing injection.
Prior to 1940 10,835 children were fully immunised.

AMBULANCE SERVICE

The year has seen a considerable expansion in the work of the Ambulance Service and it is true to say that the Council has provided a service which meets the needs of the sick population to the fullest degree. The expansion will be seen by reference to the following table which shows an increase of more than 100% in the mileage run at the end of the year as compared with the beginning of the year, whilst the total journeys show an increase of approximately 65%.

The Health Committee has made arrangements with neighbouring Authorities for mutual aid when, owing to the excessive calls upon the Service, all vehicles of an Authority are engaged. In operation this arrangement has been very rarely utilised as most Authorities now have sufficient ambulance transport to meet their most urgent needs. Our greatest difficulty has been in deciding upon the liability for returning outpatients to their own homes after attending at the local hospitals for treatment. The working arrangements between the various neighbouring Authorities have not yet been fully concluded but it is hoped that an early decision will be reached to avoid undue complications. It is interesting to note that 567 journeys to places outside the Borough of Walsall have been made during the year and one quite readily visualises the assistance which has been given to people who have to be conveyed to other towns. Formerly a journey of this character meant considerable expense and effort on the part of the relatives, whereas to-day the Ambulance Service is at their immediate disposal and their difficulties are quickly resolved. There is no doubt that the patients are deeply appreciative of the service which is now provided for them and it is a satisfying thought that facilities are now available for rich and poor alike when the need arises.

During the year the ambulance fleet was brought up-to-date by the purchase of two new ambulances, a Bedford-Lomas Ambulance and an Austin chassis with a Lomas body. The acquisition of these vehicles brought the total ambulance fleet to six with one sitting case car for limited use. Since the end of the year two further sitting case cars have been purchased and an order for another ambulance has been placed.

Even with the purchase of these vehicles the service is often fully stretched as, at the time of writing, the maximum calls on any one day has been 73. It is suggested that a policy of regular replacement of vehicles be now adopted so that vehicles are not allowed to reach the exceedingly low standard which pertained towards the end of the war and afterwards.

During the year the Council considered the question of the fusion of the Ambulance Service with the Fire Service, but after a most thorough enquiry it was decided to keep the two services separate and we are of opinion that this decision has been proved by events to be a wise one.

The staff now consists of one Ambulance Supervisor and 20 Ambulance Drivers, 5 of whom are women. The employment of women has proved to be of great benefit as they are often able to supply that personal touch with women patients which is so much appreciated. All members of the staff, except one newly appointed, have successfully passed their St. John's examination and I am glad to report there is a real spirit of service permeating the entire organisation. The staff have risen to the very heavy calls which have sometimes been made upon them with promptitude and zeal and thanks must be specially given to the Supervisor for the splendid spirit which he has so ably maintained.

The following table shows the work carried out by the Ambulance Service during the year:—

| Month | Vehicles | | Cases of Illness Removed | Street Illness or Accident Cases | Sitting Case Car Journeys | Journeys Outside the Borough | Journeys with Midwives | Total Journeys | Mileage |
|---------------|------------|------|--------------------------|----------------------------------|---------------------------|------------------------------|------------------------|----------------|---------|
| | Ambulances | Cars | | | | | | | |
| January ... | 3 | 1 | 298 | 37 | 21 | 17 | 266 | 639 | 2549 |
| February ... | 3 | 1 | 236 | 43 | 20 | 15 | 305 | 619 | 1878 |
| March ... | 3 | 1 | 258 | 54 | 23 | 22 | 259 | 616 | 2289 |
| April ... | 3 | 1 | 234 | 43 | 21 | 16 | 252 | 556 | 2284 |
| May ... | 4 | 1 | 281 | 48 | 22 | 25 | 257 | 633 | 2699 |
| June ... | 4 | 1 | 259 | 44 | 24 | 27 | 231 | 585 | 2494 |
| July ... | 4 | 1 | 267 | 46 | 116 | 43 | 184 | 656 | 3470 |
| August ... | 4 | 1 | 264 | 59 | 128 | 57 | 68 | 576 | 3932 |
| September ... | 4 | 1 | 319 | 49 | 122 | 52 | — | 542 | 3337 |
| October ... | 5 | 1 | 374 | 48 | 168 | 65 | — | 655 | 3920 |
| November ... | 6 | 1 | 453 | 48 | 194 | 109 | — | 804 | 4984 |
| December ... | 6 | 1 | 506 | 63 | 286 | 119 | — | 974 | 5765 |
| TOTAL ... | — | — | 3749 | 582 | 1145 | 567 | 1822 | 7865 | 39601 |

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Sick Room Appliances Service

Towards the end of the year arrangements were initiated for sick room appliances to be made available, upon a certificate of the hospital, family doctor, the district nurse or the health visitor, and the scheme came into operation early in January 1949. The following articles are available:—

| | |
|---------------|------------------|
| Wheel Chairs | Spinal carriages |
| Rubber Sheets | Air Rings |
| Back Rests | Bedpans |
| Urinals | Sputum cups |
| Bed cradles | Steam kettles |
| Crutches | |

The Committee have arranged for an ample supply of these articles to be available on loan free of charge and arrangements have been made to further increase the stock of articles available as the demand arises.

Formerly the loan of sick room appliances was carried out by the Victoria Nursing Institution, but, by arrangement with the Committee, the Council undertook to take over the service. The stock of appliances held by the Institution has been taken over by the Council.

The Sick Room appliances are housed at the Ambulance Station, the Ambulance Supervisor being responsible for the issue and return of the appliances, and for the care and maintenance of all mechanical appliances. By making use of the Ambulance Station as a depot for all Sick Room appliances, a twenty-four hour service is assured. This arrangement has proved in practice to be a very satisfactory one.

Milk Assistance Scheme

The Health Committee, implementing their proposals for the care and after-care of tuberculous patients, instituted a scheme, in conjunction with the Tuberculosis After-Care Committee, for the supply of milk to tuberculous patients and this scheme came into operation in December. Broadly the scheme provides for the free issue of one pint of milk per day where the total weekly income does not exceed an amount specified in the Council's scale. This scale was modelled upon that prepared by the Association of Municipal Corporations and the arrangements so far appear to be reasonably adequate.

A grant of free milk is issued by the Department upon the certificate of the Tuberculosis Officer. Close liaison is maintained between the Tuberculosis Officer who, of course, is now an officer of the Regional Hospital Board, and this Department. The officers of the Tuberculosis Dispensary and of this Department confer regularly upon the needs of tuberculous patients. The Tuberculosis Health Visitor has an office at the Tuberculosis Dispensary and works with the Tuberculosis Officer. Contact is thereby maintained between the tuberculous patient and other activities of the Health Department.

Milk is supplied through the patient's own Registered Milk Retailer so that the patient is not put to any trouble to obtain milk through a special source. This benefit is appreciated by the patients.

Provision of Clothing, Bedding, etc.

The Tuberculosis After-care Committee has continued its work on behalf of the Council. Extra assistance for the tuberculous patient in the form of additional food, change of air, clothing, better home conditions, extra beds and bedding, and more suitable occupation are the Committee's main activities. The Committee has functioned for many years and has been of great help to a large number of patients. Mainly the funds are derived from voluntary sources but the Council also make a monetary grant to assist the Committee in its good work.

The following is a summary of the help provided during the six months ending 31st December:—

Supplied

- 3 bedsteads
- 1 bedstead and mattress
- Bedding 13 families
- Clothing 36 families
- Sheets 10 patients
- Monetary grants 15 patients
- Christmas grants 120 patients.

Food parcels from the British Red Cross Society were distributed to patients at Christmas time, together with toys, games and books to the children of tuberculous patients. Arrangements were made for the garden of one of the patients to be dug by members of Toc H, a service for which we are extremely grateful.

In addition a continuous service of advice and assistance was given regarding allowances, pensions and personal difficulties peculiar to tuberculous patients.

We feel this is worthwhile work for it helps the tuberculous patient to feel that he is not alone or forgotten and that there is always someone he can turn to when his difficulties appear to be insurmountable.

CONVALESCENT TREATMENT

Section 28 of the National Health Service Act, 1946 provides for the prevention of illness, care and after-care. Under these provisions the Local Authority may make arrangements to provide convalescent treatment for persons certified to require such treatment either by hospitals or by their medical practitioner. The convalescent treatment so provided shall not be given to persons needing medical care.

Obviously the arrangements for convalescent treatment, once embarked upon, will have to be on a fairly large scale, for we have already had numerous enquiries from persons who are habitually accustomed to take their period of convalescence annually. It will be for the Local Authority to decide to what extent they are prepared to make financial provision for this obviously expensive form of treatment. Up to the end of 1948 the Council had not taken any steps to provide convalescent treatment and, indeed, the question as to which convalescent homes are available has not yet been decided nationally. When the homes are definitely allocated as between the State and the Local Authorities, the Council will then consider what provision they will make.

TUBERCULOSIS

The following report has been supplied by Dr. F. J. Welton, now one of the Tuberculosis Officers of the Birmingham Regional Hospital Board. Dr. Welton still acts for the Council in all matters relating to environmental conditions of tuberculosis cases in the Borough and a part of his salary is paid by the Council. The report deals with this aspect of his work only.

“With the coming into force of the National Health Service in July, 1948 the functions of the Local Health Authority in regard to the diagnosis and treatment of tuberculosis were transferred to the Regional Hospital Board, and the Dispensary and Sanatoria became the responsibility of the Walsall Hospital Management Committee. The Health Committee continued to be responsible for the after-care and environmental work in connection with tuberculous patients and the liaison between the Health Department and the Tuberculosis Dispensary has been satisfactorily maintained. The Tuberculosis Officer remains responsible to the Local Health Authority for the environmental and care work he carries out and the Tuberculosis Health Visitor, centred at the Dispensary, is still employed by the Health Committee.

The after-care measures outlined in the new National Health Service Act have long been carried out in respect of tuberculous patients by the Tuberculosis After-care Committee and this Committee thus dovetailed naturally into the new scheme. Financial assistance for tuberculous patients passed from the responsibility of the local Health Committee to that of the National Assistance Board. Certain

anomalies were at the same time removed so that now all patients who have to cease work to undergo treatment for pulmonary tuberculosis may claim extra help from the Assistance Board in addition to their National Insurance benefit. Experience has shown that the arrangements have worked smoothly and that the Area Officer of the Board and his staff have maintained the standards of sympathy and tact in dealing with tuberculous families which is so necessary in this type of work.

The Health Committee also instituted a new scheme for the supply of free milk to necessitous patients under the provisions of the National Health Service Act, Section 28, and as a result of all these measures the economic state of the tuberculous family has been considerably improved.

The work of the Tuberculosis Health Visitor has continued to expand in proportion to the increasing attendances at the Dispensary. She paid 1,542 visits to the homes of tuberculous patients in 1948 and as a result of her efforts many more contacts have been persuaded to attend for examination.

A summary of the environmental aspect of the Tuberculosis Service would be incomplete without mention of the close co-operation between the Housing Department and Tuberculosis Dispensary and thanks are due to the Housing Committee and the Housing Manager and his staff for their valuable help in rehousing tuberculous families.

The work of the Tuberculosis After-Care Committee continued throughout the year and appropriate grants were made for the welfare of the patients. Many families were supplied with shoes and clothing and several received beds and bedding. Monetary grants were made at Christmas to 120 patients and also during the year to individual families in immediate need. The Committee is affiliated to the National Society for the Prevention of Tuberculosis and again took part in the Christmas Seal Sale which brought in the record sum of £345. For the success of this Sale the major credit must go to the schools which have shown an enthusiasm which has never flagged from year to year. The thanks of the Committee are also due to the British Red Cross Society for gifts of food parcels and to individual schools for toys, books, etc.

At present, the Tuberculosis Service, with its diagnostic and treatment side based on the Regional Hospital Board's and its environmental and after-care work the responsibility of the Local Authorities, is still in a formative and fluid state. Comment and criticism at this stage would be unwise but one thing is certain; both responsible Authorities have before them opportunities of service offering wide scope for development. Adequate attention must be paid to all aspects of the tuberculosis problem, diagnosis and treatment, environmental and prevention, in order that the danger of lop-sided development shall be avoided.

The transition period has been negotiated safely and smoothly and, with the co-operation and goodwill of all concerned, the Tuberculosis Service can continue its healthy growth."

DOMESTIC HELP SERVICE

The Domestic Help Service, commenced during 1947, made considerable progress during 1948. We were fortunate in being able to obtain more workers of the desired standard and, as the arrangements became more widely known and appreciated the public availed themselves to a greater extent of the facilities provided.

The number of Domestic Helps employed has, of course, varied throughout the year, 12 women being employed for varying periods. During the year 40 confinement cases and 20 other cases of illness were provided with assistance. A total of 226 weeks were worked by Domestic Helps, 80 weeks in confinement cases and 146 in cases of illness. It should be realised that some of the illness cases require prolonged assistance over many months. We think it is true to say that the families using the service are fully appreciative of the help which has been provided.

Some of the Domestic Helps appointed work only for a few weeks and then find other employment, but towards the end of the year the situation from an employment point of view improved considerably and early in 1949 we were in the position of having more Helps waiting for employment than cases to be assisted.

It is often difficult to gauge accurately the requirements of this service. At one time we had too many people requiring assistance and not enough Domestic Helps to meet these cases; at other times the position is reversed and it is one of our major difficulties to try to marry the two requirements. So far we have been reasonably successful and as the service becomes more fully known we shall provide Domestic Helps to meet every requirement. The Domestic Help Service is a great boon to households where a confinement takes place or sickness is present, and the taking over of the domestic responsibilities by the Help eases the burden on the wage-earner and enables him to carry out his employment without undue worry. In these days, when everyone is so fully occupied and assistance from relatives is not available as in former years, the Domestic Help Service has become a necessity rather than a luxury.

MENTAL HEALTH

The care of the mentally ill became the duty of the Health Department on the 5th July, 1948. One of the former relieving officers who had been largely responsible for dealing with the mentally ill was transferred to the Health Department and appointed a "Duly Authorised Officer," another of the relieving officers was likewise appointed as a part-time duly authorised officer, as were two of the former mental health officers (female).

The following table shows the number of cases dealt with during the period 5th July to 31st December, 1948:—

| | | | |
|---|-----|-----|----|
| No. of Health Service Certified patients removed to Saint Matthew's Hospital, Burntwood | ... | ... | 25 |
| No. of Health Service Voluntary patients admitted to Saint Matthew's Hospital, Burntwood | ... | ... | 16 |
| No. of Health Service cases, alleged to be of unsound mind, investigated | ... | ... | 17 |
| No. of patients referred for after-care | ... | ... | 20 |

In addition various other enquiries regarding patients have been dealt with.

Careful consideration was given to the question of after-care visits, a very necessary part of mental health work, and it was decided to arrange for this work to be done by members of the Health Visiting staff. It has been found that much more sympathetic contact can be made with patients discharged from Mental Hospitals by this means rather than by the after-care work being undertaken by the Duly Authorised Officers. There must always be a certain amount of resentment against the officer who has been instrumental in removing a patient to a Mental Hospital and this resentment is liable to offset any useful work they may wish to do when the patient is discharged. So far the experiment of allotting the after-care work to the Health Visitors has proved to be quite successful.

The following tables show the total number of ascertained mental defectives in the Borough and the ascertainment of such persons during 1948, together with other information relating to the care of the mentally defective.

During 1948 the Mental Welfare Officers paid 1,348 visits and held 1,308 interviews in connection with these cases.

TABLES SHOWING PARTICULARS OF MENTAL DEFECTIVES DURING 1948

Number of Mental Defectives Ascertained to be "Subject to be dealt with"

| | | M. | F. | T. |
|-----|---|----|----|-----|
| (a) | Under Guardianship (under Order) | | | |
| | {under 16 years of age ... | — | — | — |
| | {aged 16 years and over ... | 8 | 11 | 19 |
| (b) | In "places of safety" ... | — | — | — |
| (c) | Under Statutory Supervision (excluding cases on licence) | | | |
| | {under 16 years of age ... | 14 | 17 | 31 |
| | {aged 16 years and over ... | 44 | 59 | 103 |
| (d) | Action not yet taken under any one of the above headings ... | — | — | — |
| | No. of cases included in (a) to (d) above waiting removal to an institution ... | — | 1 | 1 |

Number of Mental Defectives not at present "Subject to be dealt with" but for whom the Local Health Authority may subsequently become liable ...

| | | | | |
|-----------------------|-------------------------|-----|-----|-----|
| Of whom, number under | {under 16 years of age | — | — | — |
| Voluntary Supervision | {aged 16 years and over | 255 | 187 | 442 |

Number of Mental Defectives Receiving Training

| | | M. | F. | T. |
|-----|-------------------------|----|----|----|
| (a) | In day-training centres | | | |
| | {under 16 years of age | 12 | 13 | 25 |
| | {aged 16 years and over | 11 | 21 | 32 |
| (b) | At Home ... | 1 | — | 1 |
| | Total ... | 24 | 34 | 58 |

PARTICULARS OF MENTAL DEFECTIVES ASCERTAINED DURING THE YEAR 1948

| | M. | F. | T. |
|---|----|----|----|
| (1) ASCERTAINMENT | | | |
| (a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944):— | | | |
| (i) Under Section 57(3) | 3 | 2 | 5 |
| (ii) Under Section 57(5) | 2 | 1 | 3 |
| (b) Other cases reported during 1948 and ascertained to be "subject to be dealt with" | 2 | 2 | 4 |
| Total cases ascertained to be "subject to be dealt with" during the year | 7 | 5 | 12 |
| (c) Other cases reported during 1948 who are not at present "subject to be dealt with" but for whom the Local Health Authority may subsequently become liable | — | — | — |
| Total number of cases reported during the year ... | 7 | 5 | 12 |
| (2) DISPOSAL OF CASES REPORTED DURING THE YEAR | | | |
| (a) Cases ascertained to be "subject to be dealt with" | | | |
| (i) Admitted to Institutions (by order) ... | 2 | — | 2 |
| (ii) Placed under Guardianship (by order) ... | — | — | — |
| (iii) Taken to "places of safety" | — | — | — |
| (iv) Placed under Statutory Supervision ... | 5 | 5 | 10 |
| (v) Died or removed from area | — | — | — |
| (vi) Action not yet taken | — | — | — |
| (b) Cases not at present subject to be dealt with | | | |
| (i) Placed under Voluntary Supervision ... | — | — | — |
| (ii) Found not to be defective | — | — | — |
| (iii) Died or removed from area | — | — | — |
| (iv) Action not yet taken | — | — | — |
| Total ... | 7 | 5 | 12 |

**NUMBER OF MENTAL DEFECTIVES UNDER COMMUNITY CARE
INCLUDING VOLUNTARY SUPERVISION OR IN "PLACES OF
SAFETY" ON 1st JANUARY, 1948, WHO HAVE CEASED TO BE
UNDER COMMUNITY CARE OR IN "PLACES OF SAFETY"
DURING 1948**

| | | | | | | M. | F. | T. |
|-------|---------------------------|-----|-----|-----|-----|----|----|----|
| (a) | Admitted to Institutions | ... | ... | ... | ... | 5 | 2 | 7 |
| (b) | Ceased to be under care | ... | ... | ... | ... | 12 | — | 12 |
| (c) | Died or removed from area | ... | ... | ... | ... | 1 | 1 | 2 |
| Total | | | | | ... | 18 | 3 | 21 |

**OF THE TOTAL NUMBER OF MENTAL DEFECTIVES KNOWN TO
THE LOCAL HEALTH AUTHORITY**

| | | | | | | | | |
|-----|---|-----------------|-----|-----|-----|-------|---------|---|
| (a) | Number who have given birth to children during 1948:— | | | | | | | |
| | (i) | After marriage | ... | ... | ... | ... | ... | — |
| | (ii) | While unmarried | ... | ... | ... | ... | ... | — |
| | | | | | | Males | Females | |
| (b) | Number who have married during 1948 | | ... | ... | ... | — | — | |

ST. MARGARET'S HOSPITAL, GREAT BARR PARK

There are 265 Walsall patients in St. Margaret's Hospital, Great Barr Park (formerly Great Barr Park Colony). These cases are not shown in the Statistics given above, as, since the implementation of the Health Service Act, hospital cases are no longer chargeable to the Local Authority, but there has been no diminution of the work undertaken by the Mental Welfare Officers for the hospital. The Mental Welfare Officers continue to be responsible for furnishing reports as follows to the Medical Superintendent of St. Margaret's:—

- (a) Reports on home conditions for leave of absence;
- (b) Reports to the Visitors for the County of Stafford;
- (c) Reports on patients on licence.

51 patients are on licence in various parts of the country.

The Mental Welfare Officers continue to find employment for patients who are considered suitable for licence, and to supervise them afterwards. The supervision of these patients, particularly of the girls, takes a considerable amount of visiting time, but in view of the serious shortage of hospital accommodation it is felt that this work is well worth the effort it takes, as it frees beds for urgent cases who are awaiting admission. In passing, it must be noted that for the first time on record Walsall has a waiting list for admission to St. Margaret's Hospital.

During the year three Walsall cases were discharged from their Order under the Mental Deficiency Acts, in addition four cases "lapsed by operation of law"—two of these are absconders, and not considered to be able to manage their own lives. One has married, and subsequently tried bigamously to marry the girl with whom he is now living.

The Senior Mental Welfare Officer, with an Officer from the County, again accompanied a party of 23 girls for a week's holiday at the National Association for Mental Health Holiday Home at Bognor Regis.

The co-operation between the Medical Superintendent (Dr. Macmillan) and the Mental Welfare Officers is sustained.

OCCUPATION CENTRE

The Occupation Centre continues to do good work for the children who cannot be educated within the Educational System, and it should be observed that the emphasis is on "training"—not filling in time.

The Junior children attend the Occupation Centre daily from 10 a.m. to 3 p.m. A hot meal, for which they pay 4d. is provided at mid-day and they receive free milk each morning.

The Senior Girls' Class meets on Tuesdays and Thursdays from 2 p.m. to 4 p.m. and a cup of tea and a small cake are provided for them.

The Senior Boys' Class meets on Mondays and Wednesdays from 2 p.m. to 4 p.m. and the boys also have a cup of tea.

Rug-making, embroidery, elementary handcraft, percussion band, eurythmics, country dancing, games and speech training form part of the curriculum of this flourishing Centre. A number of small children was admitted during the year.

The usual Summer Outings were organised to New Brighton and Milford, and in addition a week's holiday at the National Association for Mental Health Holiday Home at Rhyl was enjoyed by a party of eighteen girls from the Occupation Centre and six Walsall girls from St. Margaret's Hospital. A delightful holiday was spent in perfect weather, and we are indebted to the Sunday Cinema Licensing Committee for a handsome donation which made these trips and holiday possible. The Colony girls selected were those who had never had a holiday and who seldom had visitors, and their gratitude was very real.

The Christmas Parties were again a feature of the Winter Session.

A Student from the Supervisor's Course of the National Association for Mental Health spent a week at the Centre at the beginning of the year, and more Students are expected for training.

During the year the sum of £42 6s. 5d. was realised from the sale of work made at the Occupation Centre.

The children continue to use the School Clinic; free 'bus passes to and from the Occupation Centre are provided and thanks are expressed to the Transport Committee for extending this privilege to the children.

MENTAL WELFARE ASSOCIATION

The Senior Mental Welfare Officer is the Secretary of this Association, and she and the Mental Welfare Officer are responsible for the work undertaken by the Association.

There are 99 children on the Education Register as attending, or recommended for, Special Schools, and the homes of these children are visited from time to time.

Reports are sent to the Education Authority each quarter, and the homes are visited and reported upon before the children attending Special Residential Schools go home on holiday. The shortage of Special School facilities is a serious handicap to the proper education of those children who are found to be educationally subnormal, the placing of suitable girls in Special Schools being especially difficult.

GENERAL

The Senior Mental Welfare Officer has continued to act as a member of the Executive Committee of the Association of Mental Health Workers, and attends the quarterly meetings of the Committee in London.

During the year, a number of the Nurses taking the Course for the Health Visitor's Certificate in Birmingham have each spent a day in the Mental Welfare Department and Occupation Centre and have expressed their gratitude for the permission granted to see this section of the Health Services.

During the year the Mental Welfare Officers have, as formerly, given evidence in Police Courts in connection with defectives who appear before the Courts, and the co-operation between the Police and the Officers, as well as with other Social Agencies is excellent.

The Mental Welfare Officers and the Supervisor of the Occupation Centre desire to express their gratitude to the Committee for sending them to the Annual Meeting of the Association of Mental Health Workers which was held at Buxton in the Spring.

In August, the Mental Welfare Officers, with the consent of the Medical Officer of Health, attended a meeting of the International Congress on Mental Health.

The Health (Mental Health Case) Sub-Committee, Dr. Clark and the Mental Welfare Officers visited the new Wolverhampton Occupation Centre in April, and were entertained by the Wolverhampton Mental Welfare Committee, Dr. Jolly, Medical Officer of Health, and Miss Bottomley, Mental Welfare Officer.

A Board of Control Inspector visited the Department during the year.

COUNTY BOROUGH OF WALSALL

ANNUAL REPORT

OF THE

Chief Sanitary Inspector

ON THE

Sanitary Administration of the Borough
for the year ended 31st December, 1948.

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE COUNTY
BOROUGH OF WALSALL

Mr. Mayor, Ladies and Gentlemen,

I beg to submit my Annual Report for the year 1948, giving particulars of the sanitary administration of the Borough.

The style of report follows very much that adopted in 1947, except that it has been decided to include the relevant statistics with the reading matter in each part of the report. The report indicates the changing nature of the duties of the Sanitary Inspectors, and while the major portion of our work comprises problems of general sanitation, there is now a marked increase in the time and attention that has to be given to the inspection of food and food premises.

Once again there has been considerable staff changes, and the department was particularly unfortunate in losing the services of experienced Sanitary Inspectors. The general staffing position has created difficulties over considerable periods of the year, handicapping the work of the department in maintaining a high standard of administration.

In 1947 I reported that it was hoped to pay greater attention in 1948 to Atmospheric Pollution problems. Part 5 of the report indicates the steps it has been found possible to take. There is evidence of growing public concern over the harmful effects of atmospheric pollution, this is encouraging and lends support to the department's efforts to clean the atmosphere.

It will be noted that the Health Committee have been concerned over the quantity of meat having to be condemned as unfit at the Government-controlled slaughterhouse, a record figure of 196 tons has had to be condemned, and detailed examination of that part of the report dealing with food will indicate the extent of the department's responsibilities in this respect.

Housing still remains an outstanding problem. It is pleasing to note that many of the worst cases were re-housed during the year, and it was possible to re-commence housing activities with respect to the closing and demolition of individual unfit houses.

No reliable evidence is in existence with respect to the overcrowding position, nor will such evidence be available until a complete survey is made of the town. It is interesting to note that a working party has been set up by the Ministry of Health to prepare details for such a survey, and it is hoped that it will be found possible to commence this survey at an early date.

PART 1.—STAFF

The staff changes which have been reported in previous years continued during the year and the Department was again unfortunate in losing the services of experienced Sanitary Inspectors.

Mr. R. Johnson, Deputy Chief Sanitary Inspector resigned his appointment on his being appointed General Secretary of the Ice Cream Alliance. Mr. Johnson was a particularly well qualified officer and an admirable Sanitary Inspector, and, while one wishes him well in his new appointment, it is a matter of some regret that his services have been lost to Local Government.

Mr. E. O. Edwards, Sanitary Inspector, who had been in the Department since 1938 resigned to take up an appointment at Hereford.

It is a sign of the times that in the closing months of 1947 and the early part of 1948, three Sanitary Inspectors left the Department to take up posts with other authorities at less salary than they were receiving here, the attraction being the housing accommodation provided.

To fill the vacancies created, Mr. J. Green of Bolton was appointed Deputy Chief Sanitary Inspector and commenced duties on the 1st November, and Mr. E. V. Beeby of Birmingham was appointed as a Sanitary Inspector.

It was decided early in 1948 to create posts as Specialists and Mr. A. D. Kelley was appointed Meat Inspector, E. Bayley—Smoke and Factories Inspector, and F. G. S. Hill—Housing Inspector. With Mr. Woodward's appointment as Food and Drugs and Sampling Officer, there are now 4 specialist posts.

A number of changes also occurred in the clerical staff.

Mr. B. Smith unfortunately had to retire on superannuation on ill health grounds after many years of excellent service.

Mrs. Goodwin and Miss J. Heeley resigned.

G. A. Lavender, who returned to the Department during the previous year, was granted leave of absence to attend a special course of training for the Sanitary Inspector's qualification.

Messrs. R. C. Drake and W. C. Wagg commenced duties in October and November respectively as junior clerks.

PART 2.—HOUSING

It will be remembered that in reporting on housing for the year 1947, it was decided to combine all housing work in one section of the report whether carried out under the Housing Act or the Public Health Act, in order to present the fullest picture of housing activities.

Repairs to Houses

It is again disappointing to record that with respect to property repairs, no appreciable improvement was made, in fact it is doubtful whether one can say that even the minimum maintenance work is being fully carried out.

The position with regard to building materials improved considerably, and the relaxation with regard to the issue of permits and licences has helped. There is, however, a marked shortage of building labour available to carry out maintenance work and the cost of such repairs continues to be high, and with rents pegged at 1939 levels, the difficulties of property owners are obvious.

Strenuous efforts were made to see that all urgent matters requiring attention were dealt with promptly, and for this purpose the powers provided under the Public Health Act, 1936, were used. The total number of visits made to all premises for the purpose of sanitary administration was 19,283, and 3,038 complaints from tenants were

investigated. Further to action instituted under the Public Health Acts, 1,150 houses were improved by repairs to the structures, 1,929 houses received attention with respect to water closet and ashbin accommodation, drainage repairs and abatement of other nuisances, a total of 3,079 houses being improved during the year.

Court Proceedings

It was found necessary to institute legal proceedings in accordance with the provisions of the Public Health Act, 1936, on one occasion during the year. The Magistrates dismissed the case on payment of costs, the work having been completed after the service of the summons.

| Act under which proceedings were taken | Nature of Offence | Remarks |
|--|---|--|
| Public Health Act, 1936, Section 94 | Non-abatement of nuisances. Premises in such a state as to be a nuisance—Nos. 58, 60, 62, 64, 66, Jessel Road, and Nos. 73 and 77, Dalkeith Street. | Case dismissed on payment of costs (£2 and £1 Court charges), the work having been completed after service of the summonses. |

Execution of Work in Default of Owners

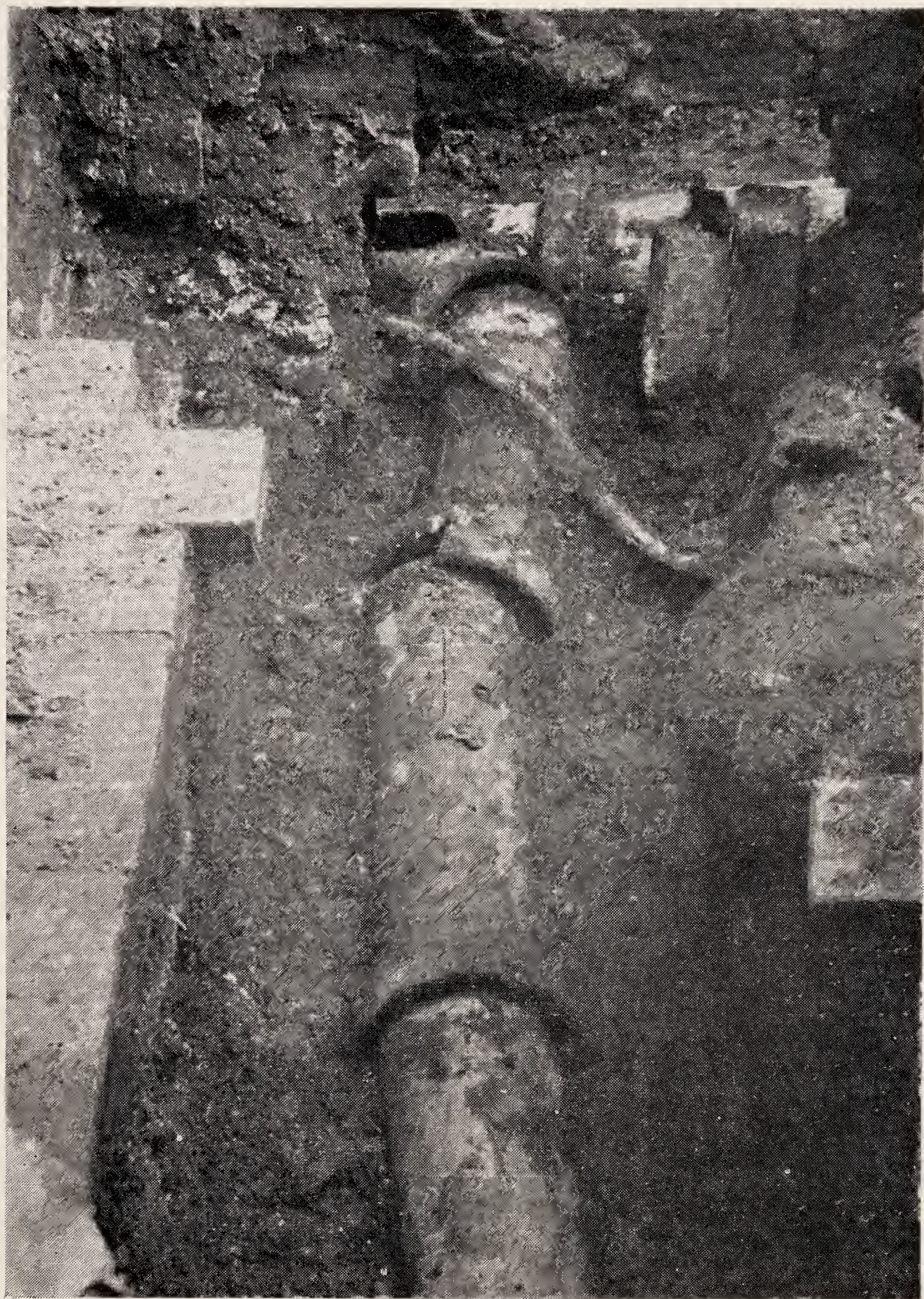
In addition to legal proceedings referred to in the previous paragraph, repairs to 8 houses were carried out by the Corporation in default of the owners at a cost of £37 15s. 2d. This work was given to building contractors after tenders had been invited.

Ashbins have been supplied by the Corporation to 32 houses in default of the owners at a cost of £33 8s. 5d.

Closing and Demolition of Unfit Houses

Mr. F. G. S. Hill took over duties during the year as Housing Inspector.

Continued progress was made with the completion of the purchase of houses included in Compulsory Purchase Orders made prior to 1940, and it has been found possible by re-adjustment of families to reduce considerably the number of families living in extremely bad houses.



A typical example of a defective and badly laid drain discovered as a result of drainage seeping into a cellar.

In 1947, it was reported that there were a considerable number of houses in a deplorable condition which had not been officially condemned. Following an inspection by the Health Committee and representations made to the Housing Committee, an allocation of 20% of all lettings was set aside for families living in condemned houses, and 31 properties were reported as being unfit for habitation during 1948. 28 Demolition Orders were made, one Closing Order was made, and in respect of 2 properties, undertakings as to the future user of the properties were accepted.

At 31st December, 1947, there were 406 houses in respect of which Housing Orders were operative, still in occupation. During 1948, 73 families living in unfit properties have been rehoused, and the number of condemned houses still in occupation at 31st December, 1948, was 362, a net reduction of 44.

It is gratifying to be able to report that this year some progress has been made to alleviate the housing conditions of the families living in the worst houses. There is no room for complacency however when it is realised that many of the unfit houses still occupied have been officially condemned as housing accommodation for over 10 years.

It has been found impossible to recommend the reconditioning of any properties under Section 9 of the Housing Act. At the present time major schemes of house reconditioning cannot be undertaken "at a reasonable expense" and such houses continue to deteriorate. It is hoped that the Housing Bill now before Parliament will enable a start to be made on the reconditioning and improvement of existing houses in order that the overall general standard of housing in the town can be improved.

The necessity for re-developing complete areas which are suitable for clearance and re-planning is apparent in the older parts of the town. Some preliminary work has been done in one area which contains a large percentage of unfit houses. From the initial survey it was obvious that the area could best be treated within the framework of the Town and Country Planning Acts. A report setting out the results of the survey has been presented to the Health Committee.

Common Lodging Houses

There is little that can be reported with respect to Common Lodging Houses. The position remains very much the same as was reported in 1947. No progress has unfortunately been made with regard to the provision of additional satisfactory hostel accommodation and this remains a problem of the highest importance.

Housing Statistics

A statement setting out the number of new houses provided, the position with regard to condemned properties and progress under the Housing Acts is appended herewith.

HOUSING STATISTICS

Provision of New Houses

During 1948 new houses were provided as follows:—

Provided by the Council

| | | | | |
|--|-----|-----|-----|-----|
| Temporary Bungalows | ... | ... | ... | 146 |
| Permanent Aluminium Bungalows | ... | ... | ... | 12 |
| Post-war Permanent Houses | ... | ... | ... | 725 |
| New dwellings from conversion of existing properties | ... | ... | ... | 13 |

Provided privately

| | | | | |
|--|-----|-----|-----|----|
| Permanent Houses | ... | ... | ... | 25 |
| New dwellings from conversion of existing properties | ... | ... | ... | 17 |

TOTAL 938

Position with Regard to Condemned Properties

| | | | | |
|---|-----|-----|-----|-----|
| No. of Condemned Houses occupied at 1st January, 1948 | ... | ... | ... | 406 |
| No. of houses for which demolition orders were made or Closing Orders made or undertakings accepted during 1948 | ... | ... | ... | 31 |
| No. of Condemned Houses closed during 1948 | ... | ... | ... | 73 |
| No. of Condemned Houses demolished during 1948 | ... | ... | ... | 64 |
| No. of Condemned Houses still in occupation at 31st December, 1948 | ... | ... | ... | 362 |

Progress under Housing Acts 1930 and 1936 to 31st December, 1948

| | | | |
|-----------------------------|-----|-----|--------|
| Houses represented as unfit | ... | ... | 3,066 |
| Houses closed | ... | ... | 2,589 |
| Houses demolished | ... | ... | 2,404 |
| Number of persons displaced | ... | ... | 11,393 |

PART 3.—FOOD

Meat

The slaughter of animals at the Government-controlled slaughterhouse in Shortacre Street, continued during 1948. The number of animals slaughtered was 38,597 compared with 36,875 in 1947.

Mr. A. D. Kelley took over duties as Specialist Meat and Other Foods Inspector and is now in constant attendance at the Abattoir. Other Inspectors who are qualified as Meat and Other Food Inspectors take rota duty at the Abattoir, and it has been necessary at all times to have two Inspectors on duty, at peak periods additional help has also had to be provided.

In 1947 I reported as to the trend in the incidence of animal diseases, this was confirmed by the results of inspection carried out during the year, and is again reflected in the new record figure of some 196 tons of meat and offals condemned as unfit.

| Year | Percentage of animals affected with disease | | | | | |
|------|---|-------|--------|--------------------|-------|--------|
| | All diseases except Tuberculosis | | | Tuberculosis | | |
| | Cattle except cows | Cows | Calves | Cattle except cows | Cows | Calves |
| 1940 | 31.70 | 44.40 | 1.00 | 12.50 | 47.40 | .50 |
| 1941 | 20.67 | 30.33 | .75 | 15.36 | 54.40 | .81 |
| 1942 | 19.20 | 40.04 | .79 | 14.05 | 45.95 | .60 |
| 1943 | 19.94 | 42.39 | .58 | 15.07 | 48.56 | .44 |
| 1944 | 17.89 | 39.20 | .45 | 13.81 | 49.84 | .38 |
| 1946 | 38.05 | 53.39 | .96 | 14.55 | 50.40 | .58 |
| 1945 | 46.83 | 68.15 | .68 | 17.47 | 48.70 | .62 |
| 1947 | 53.68 | 72.67 | 1.75 | 17.51 | 53.75 | .68 |
| 1948 | 58.93 | 91.61 | 3.40 | 14.96 | 55.19 | .54 |

From the above Table it will be seen that the percentage of cattle, including cows, affected by diseases other than tuberculosis is higher than ever, with a marked increase in the percentage of calves affected. There was a slight reduction in the percentage of cattle, excluding cows, affected with tuberculosis, but the percentage of cows affected with tuberculosis was the highest ever recorded.

The Health Committee during the year viewed with great concern the increase in the amount of meat and offals condemned as diseased or unfit, so much so that a deputation was appointed to discuss this matter with the Area Livestock Officer of the Ministry of Food, and on the 30th November the deputation, consisting of the Chairman of the Health Committee, Mr. A. D. Kelley—Meat Inspector, Mr. A. J. Darby and the Chief Sanitary Inspector attended the Ministry of Food Office, Birmingham, and had an extensive interview with the Ministry's Officers, at which many items, including the amount of meat found to be diseased, transport arrangements, and the general question of the maintenance of the slaughterhouse were discussed.

Reports as to the quantities of meat and offals found to be diseased have also been forwarded to the Animal Health Division of the Ministry of Agriculture and Fisheries. At the time of writing this report the matter was still under consideration.

Imported Frozen Meat

During the year there has been a marked decrease in the amount of frozen meat condemned, viz.: 708 lbs. as compared with 2,939 lbs. for 1947.

Meat condemned affected with bruising

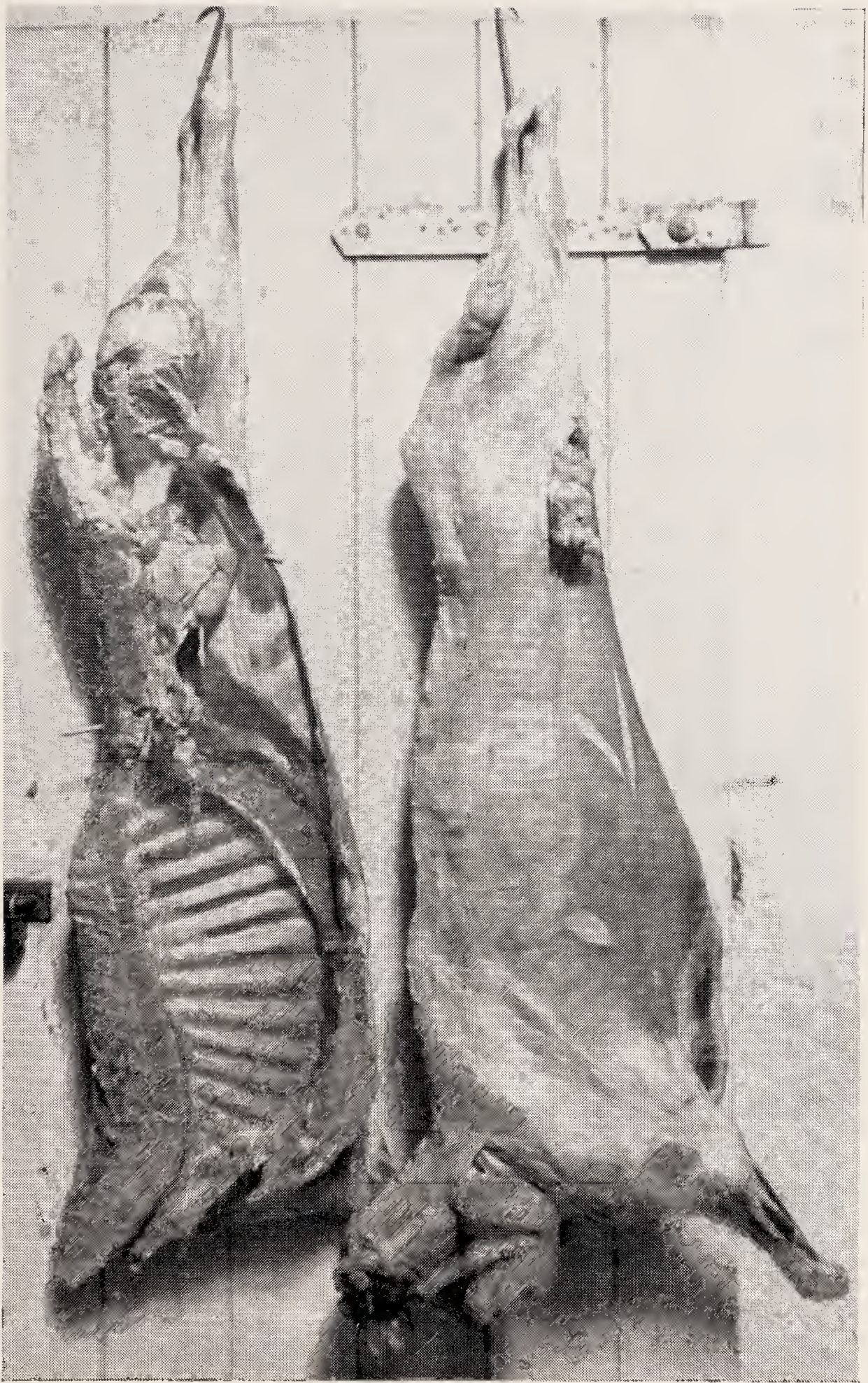
The Meat Inspector has called particular attention to the fact that during the year some 3,314 lbs. of carcase meat has had to be condemned because of its bruised condition, apparently due to damage to the animals during transit. This is a matter which, in my opinion, requires serious attention, and indicates that much greater care is necessary in the handling and transport of animals from the markets to the slaughterhouses.

Transport of Meat

I have already referred to the discussion which took place with the Ministry of Food officials on the question of transport. During the year some progress has been made in improving the standard of vehicle used for the transport of meat from the Abattoir to the shops, but much remains to be done. It is hoped that during 1949 all vehicles will be suitably equipped with hanging gear and other improvements. Continued representations have had to be made with respect to the porters handling meat from the distribution depot to the shops in connection with the provision of suitable head coverings and washable overalls.

Meat and Food Inspection Statistics

A statement setting out the number of carcasses inspected, together with particulars of carcasses or parts thereof condemned, the weight of diseased meat and offals, an analysis of condemnations with respect to cattle (including cows and calves), together with a table setting out the total quantity of unwholesome food condemned, which this year reached the record figure of some 205 tons, is appended herewith.



*Carcase of ram inspected at Abattoir affected with leukæmia.
Note greatly enlarged illiac, prescapular and precrural
lymphatic glands.*

INSPECTION OF MEAT

The following table sets out the number of carcasses inspected, together with particulars of carcasses or parts thereof condemned, and is in the form required by the Ministry of Health.

1948

| | Cattle excluding cows | Cows | Calves | Sheep and Lambs | Pigs |
|---|-----------------------------|--------|--------|-----------------------|--------|
| Number killed and inspected | 5,265 | 3,042 | 6,577 | 23,608 | 105 |
| ALL DISEASES EXCEPT TUBERCULOSIS | | | | | |
| Whole carcasses condemned | 3 | 32 | 138 | 36 | 22 |
| Carcasses of which some part or organ was condemned ... | 3,100 | 2,755 | 86 | 1,678 | 35 |
| Percentage of the number in- spected affected with all diseases except tuberculosis | 58.93% | 91.61% | 3.40% | 7.26% | 54.38% |
| TUBERCULOSIS ONLY | | | | | |
| Whole carcasses condemned | 37 | 192 | 26 | Nil | 4 |
| Carcasses of which some part or organ was condemned ... | 751 | 1,487 | 10 | Nil | 4 |
| Percentage of the number inspected affected with tuberculosis | 14.96% | 55.19% | .54% | Nil | 7.61% |

(Total number of carcasses examined 38,597)

Diseased Meat and Offals

During the year the following quantities of meat and offals were found to be diseased, unsound and unfit for human consumption: —

| | Tons | Cwts. | Qrs. | Lbs. |
|--------------------------------------|------|-------|------|------|
| ALL DISEASES EXCEPT TUBERCULOSIS. | | | | |
| Carcase Meat | 17 | 18 | 3 | 3 |
| Offals | 79 | 18 | 1 | 10 |
| TUBERCULOSIS ONLY. | | | | |
| Carcase Meat | 62 | 18 | 2 | 14 |
| Offals | 35 | 13 | 2 | 4 |
| TOTAL | 196 | 9 | 1 | 3 |

MEAT INSPECTION. ANALYSIS OF CONDEMNATIONS

CATTLE (including Cows). No. Slaughtered and Examined, 8,307.

| Diseases | Carcase and all organs | Part Carcases | Heads | Mes. | Stom. | Spleen | Liver | Part Liver | Skirts | Lungs | Hearts | Kidneys | Udders |
|----------------------|------------------------|---------------|-------|------|-------|--------|-------|------------|--------|-------|--------|---------|--------|
| Abcesses ... | — | 14 | 8 | 32 | 82 | 34 | 336 | 9 | 59 | 44 | 9 | 21 | — |
| Actino ... | — | — | 102 | — | — | — | — | — | — | — | — | — | — |
| Angioma ... | — | — | — | — | — | — | 379 | — | — | — | — | — | — |
| Bacterial Necrosis | — | — | — | — | — | — | 57 | — | — | — | — | — | — |
| Bruising ... | 2 | 128 | — | — | — | — | — | — | — | — | — | — | — |
| Cirrhosis ... | — | — | — | — | — | — | 2061 | — | — | — | — | — | — |
| Congestion | — | — | — | — | — | 9 | 7 | — | — | 68 | — | — | — |
| Cysts ... | — | — | — | — | — | 3 | 113 | — | 4 | 466 | — | 40 | — |
| Distomatosis | — | — | — | — | — | — | — | 1615 | — | 268 | — | — | — |
| Fatty conditions ... | — | — | — | — | — | — | 17 | — | — | — | — | — | — |
| Injury ... | — | 14 | — | — | — | — | — | — | — | — | — | — | — |
| Johne's ... | — | — | — | 1783 | — | — | — | — | — | — | — | — | — |
| Johne's with emac. | 24 | — | — | — | — | — | — | — | — | — | — | — | — |
| Jaundice ... | 1 | — | — | — | — | — | — | — | — | — | — | — | — |
| Mastitis ... | — | — | — | — | — | — | — | — | — | — | — | — | 926 |
| Melanosis ... | — | — | — | — | — | — | 4 | — | — | 4 | — | — | — |

MEAT INSPECTION. ANALYSIS OF CONDEMNATIONS

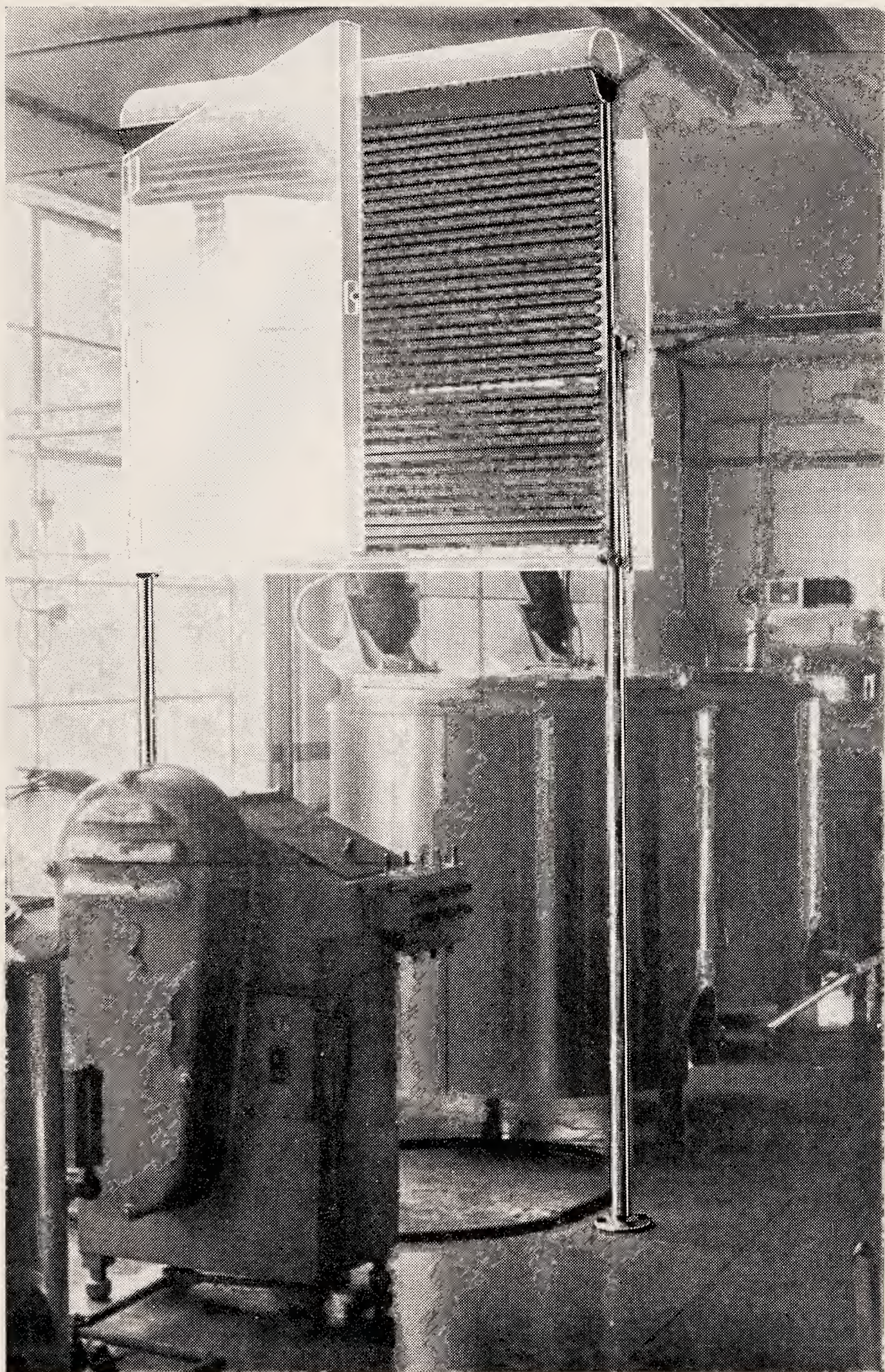
CALVES—NUMBER SLAUGHTERED AND EXAMINED—6,577

| Diseases | Carcases and all organs | Part Carcases | Vells | Races | Livers |
|-------------------------------|-------------------------------|------------------|-------|-------|--------|
| Abcesses | — | 1 | — | 6 | 2 |
| Bruising | 5 | 4 | — | — | — |
| Bruising (Gangreneous) ... | 1 | — | — | — | — |
| Cysts | — | — | — | — | 2 |
| Congestion | — | — | — | 1 | 7 |
| Emaciation and Oedema ... | 2 | — | — | — | — |
| Fatty Conditions | — | — | — | 1 | — |
| Fever | 48 | — | — | — | — |
| Immaturity | 44 | — | — | — | — |
| Injury | — | 1 | — | — | — |
| Jaundice | 20 | — | — | 1 | — |
| Joint Ill | 4 | — | — | — | — |
| Moribund | 8 | — | — | — | — |
| Melanosis | 1 | — | — | 3 | 11 |
| Pneumonia | — | — | — | 3 | — |
| Peritonitis | — | — | 2 | — | — |
| Pyæmia | 4 | — | — | — | — |
| Septicæmia | 1 | — | — | — | — |
| Tuberculosis (Congenital) ... | 26 | — | — | 9 | — |

N.B.—All cases of Congenital Tuberculosis reported to Ministry of Agriculture and Fisheries Divisional Veterinary Officer.

Sheep and Pigs

In view of the low incidence of disease in sheep and the small number of pigs slaughtered and examined, it is not thought necessary to set out an analysis of condemnation for these animals.



Cooler in use at Ice Cream Manufacturers premises fitted with hinged perspex cover. In open position for the purpose of demonstration.

UNWHOLESOME FOOD CONDEMNED

The following table gives details of the nature and weight of foodstuffs found to be unfit for human consumption during the year 1948, the bulk of the foodstuffs being surrendered to the Sanitary Inspectors at the time of inspection.

| | | | | | Tons | Cwts. | Qrs. | Lbs. |
|--|-----|-----|-----|-----|------|-------|------|------|
| Meat and Offal (at Government controlled slaughterhouse) ... | ... | ... | ... | ... | 196 | 9 | 1 | 3 |
| Tinned and other packed foods ... | ... | ... | ... | ... | 7 | 0 | 1 | 13 |
| Chitterlings ... | ... | ... | ... | ... | 1 | 5 | 1 | 22 |
| Sweets ... | ... | ... | ... | ... | — | — | 2 | 21 |
| Potatoes ... | ... | ... | ... | ... | — | 2 | 4 | 0 |
| Cake ... | ... | ... | ... | ... | — | — | — | 20 |
| Fish ... | ... | ... | ... | ... | — | 8 | 3 | — |
| Butter ... | ... | ... | ... | ... | — | — | — | 22 |
| Cheese ... | ... | ... | ... | ... | — | — | — | 5 |
| Bacon ... | ... | ... | ... | ... | — | — | 1 | 18 |
| Ice Cream ... | ... | ... | ... | ... | — | 5 | 1 | 2 |
| Sugar ... | ... | ... | ... | ... | — | — | — | 26 |
| Tea ... | ... | ... | ... | ... | — | — | — | 16 |
| TOTAL ... | ... | ... | ... | ... | 205 | 14 | 0 | 10 |

Every effort was made to salvage for purposes other than human consumption the food condemned as unfit, subject to satisfactory safeguards as to the method of disposal.

Certain cases where foodstuffs not in a fit condition for retail sale, and which were in such quantity as to be useful for salvaging for other purposes, were referred to the Ministry of Food Salvage Division.

Milk

Considerable attention has again been paid to milk production, processing and distribution. Farms and Dairies were regularly inspected and a total of 306 samples of milk were submitted for bacteriological examination. Details of the results of examination are given on page 73.

With the introduction of the National Health Service Act, samples for bacteriological examination were submitted to the Public Health Laboratory Service, Stafford, as from 5th July. Termination of the service with the University of Birmingham Department of Bacteriology, is viewed with regret as the most cordial and co-operative relations have existed between our two Departments for many years.

Examination of milk for the presence of tubercle bacilli showed 6 positive samples in a total of 42, a very disturbing proportion. Investigations by the Ministry of Agriculture and Fisheries revealed no evidence of tuberculosis in any of the herds concerned.

The enquiries proceeding at the end of 1947 regarding tubercle bacilli positive milk, resulted in the slaughter of one cow affected with generalised tuberculosis.

In October, the Medical Officer of Health of Staffordshire County Council reported the presence of *Brucella Melitensis* in Tuberculin Tested (Certified) Milk produced in the County and supplied to a Dairy in the Borough. Arrangements were made immediately with the Dairy concerned for the milk to be pasteurised and the treatment continued until the milk was reported satisfactory. Examination of ungraded milk continued throughout the year in an endeavour to keep up the quality from this source; 66.6% of the samples were of Accredited standard.

On the whole there was a marked improvement in the bacteriological standard of milk sold in the Borough during 1948, and it is gratifying to note the satisfactory results obtained in tests of Pasteurised, Heat Treated and Sterilised milks, only 1 of a total of 175 samples failing to meet the required standard, compared with 14 of a total of 156 in 1947. There has been no change in the number of 'Accredited' milk producers, nor in the number of pasteurising and sterilising plants. The two firms reported last year to be seeking new premises and plant, are still endeavouring to put plans into operation and hope to be established in new premises next year.

RESULTS OF BACTERIOLOGICAL EXAMINATION OF MILK

| GRADE OF MILK | SUMMARY OF RESULTS | | | DETAILS OF TESTS | | | | | | | | | | | |
|--------------------|--------------------|---------------------|-------|-------------------|---------------------|-------------------|---------------------|-------------------|---------------------|---------------|---------------|---------------------|---------------|---------------------|---------------|
| | Satis- factory | Unsatis- factory | Total | Methylene blue | | Coliform | | Phosphatase | | Turbidity | | Phenol Phthalein | | Tubercle Bacilli | |
| | | | | Satis- factory | Unsatis- factory | Satis- factory | Unsatis- factory | Satis- factory | Unsatis- factory | Nega- tive | Posi- tive | Nega- tive | Posi- tive | Nega- tive | Posi- tive |
| | | | | | | | | | | | | | | | |
| T.T. (Certified) | 9 | 2 | 11 | 10 | 1 | 9 | 2 | — | — | — | — | — | — | — | — |
| Accredited ... | 63 | 12 | 81 | 74 | 7 | 65 | 16 | — | — | — | — | — | — | 8 | 2 |
| T.T. (Pasteurised) | 30 | 1 | 31 | 30 | 1 | 19 | 4 | 31 | — | — | — | 2 | — | — | — |
| Pasteurised ... | 69 | — | 69 | 69 | — | 41 | 16 | 69 | — | — | — | 5 | — | — | — |
| Heat Treated ... | 17 | — | 17 | 17 | — | 8 | 5 | 17 | — | — | — | 1 | — | — | — |
| Sterilised ... | 58 | — | 58 | 58 | — | 25 | — | 25 | — | 24 | — | — | — | — | — |
| Ungraded ... | 26 | 13 | 39 | 29 | 10 | 33 | 6 | — | — | — | — | — | — | 28 | 4 |
| TOTALS | 271 | 35 | 306 | 287 | 19 | 200 | 49 | 142 | — | 24 | — | 8 | — | 36 | 6 |

NOTES ON THE TESTS APPLIED

Methylene Blue Test

The methylene blue test is based on the reduction or decolorisation of methylene blue, by the combined action of the micro organisms and reducing substances in the milk. It gives an indication of the number of living organisms present.

For “Tuberculin Tested” (the addition of the term “Certified” merely indicates that the milk is bottled at the place of production) and “Accredited” milk, the test is satisfactory if the methylene blue is not decolourised in $4\frac{1}{2}$ hours or less during the period 1st May to 31st October, and $5\frac{1}{2}$ hours, or less from 1st November to 30th April.

In the case of “T.T. Pasteurised” or “Pasteurised,” the colour must not be reduced in 30 minutes or less. (These milks are sampled in course of delivery to the consumer, and the samples are examined the day following that on which they were taken.)

Coliform Test

By this method milk is tested for the presence of coliform bacilli, an organism usually found in milk produced under unsatisfactory conditions.

The Regulations require that “Accredited” and “Tuberculin Tested” milk shall be found to contain no coliform bacilli in one-hundredth of a millilitre.

Phosphatase Test

This test depends on the fact that the enzyme, phosphatase, contained in milk, is destroyed over certain time-temperature ranges. It is used as a means of ascertaining whether or not milk has been adequately heat treated. The amount of phosphatase in the milk is measured colorimetrically and milk containing less than 2·3 units conforms to the Regulations for “Pasteurised” milk.

Phenol Phthalein Test

The phenol phthalein test is applied to milk which has been subjected to heat treatment, to denote the presence of phenols, as the results obtained by the very delicate phosphatase test would be affected if phenols were present.

Turbidity Test

As milk which has been over-heated is liable to give a misleading result on application of the phosphatase test, “sterilised” milk is subjected to the Turbidity Test, a test designed to show whether or not there has been over-heating.

Tubercle Bacilli Test

The presence in the milk of living tubercle bacilli is shown by this test.

Guinea pigs, which are most susceptible to infection by these organisms are used, quantities of the milk under examination being administered by inoculation. The animals are examined later, for evidence of tuberculosis.

Ice Cream

Steady progress has been made in improving the conditions of manufacture and sale of ice cream. There are in Walsall at the present time 17 manufacturers of this commodity, 9 manufacturing by the heat treatment method, the remaining 8 using the complete cold mix. Although the clause exempting manufacturers from the provision of coolers under the Ice Cream (Heat Treatment, etc.) Regulations, 1947, was extended from May 1948 to May 1949, I am pleased to report that all manufacturers in Walsall are equipped to meet the requirements of the Regulations.

During the year, 78 samples of ice cream were taken and submitted to the Bacteriologist for examination, a summary of the results and details of tests are given on page 76.

The new ice cream factory reported in 1947 as being in course of construction, was completed early in the year, and was inspected by the Health Committee.

With the installation by the ice cream trade of elaborate modern machinery and equipment, a considerable demand has been made on the Department for advice in connection with the suitability of equipment and operation of plant. In particular, attention has been directed to means and methods of sterilisation since it is upon the efficiency of this operation that the bacterial standard of the finished product largely depends.

During the year a marked improvement has been perceived in the conditions of the sale of ice cream from vehicles in the street. Ice cream vans are better equipped and many are designed to give maximum protection to the commodity on sale. The old-fashioned "barrow" is fast becoming a relic of the past; its modern counterpart the "hand-propelled vehicle" is fitted with hot and cold water and means for cleansing utensils. The provision of a transparent hood to protect the ice cream from aerial contamination is another innovation likely to develop.

RESULTS OF ICE CREAM SAMPLES

| | | Local Manufacture | | | | | | Unsatisfactory | |
|----------------|-----|-------------------|-----|----|-----|---|-----|----------------|--|
| | | Satisfactory | | | | | | | |
| Grading | | 1 | | 2 | | 3 | | 4 | |
| Heat Treatment | ... | 28 | ... | 12 | ... | 6 | ... | 12 | |
| Cold Mix | ... | 3 | ... | 5 | ... | — | ... | 5 | |
| | | — | | — | | — | | — | |
| Totals | ... | 31 | ... | 17 | ... | 6 | ... | 17 | |
| | | — | | — | | — | | — | |

Manufactured outside Walsall and sold locally

| | | Satisfactory | | | | | | Unsatisfactory | |
|----------------|-----|--------------|-----|---|-----|---|-----|----------------|--|
| | | | | | | | | | |
| Grading | | 1 | | 2 | | 3 | | 4 | |
| Heat Treatment | ... | 1 | ... | 2 | ... | — | ... | 4 | |
| Cold Mix | ... | — | ... | — | ... | — | ... | — | |
| | | — | | — | | — | | — | |
| Totals | ... | 1 | ... | 2 | ... | — | ... | 4 | |
| | | — | | — | | — | | — | |

CHEMICAL ANALYSIS

During the year 30 samples of ice cream were submitted for chemical analysis. The highest fat content recorded was 4.9% and the lowest 3.3%, the average fat content being 4.01%. With regard to solids not fat, the highest sample contained 24.2% and the lowest 22.8%, the average being 23.22%.

While the results of the samples show an improvement on those taken last year, the fat content cannot yet be regarded as satisfactory.

The position of the ice cream manufacturer with regard to raw materials is of course well known and it is hoped that in 1949 there will be an increasing supply of raw materials in order that ice cream can again become a product containing a satisfactory fat content.

Note on the Methylene Blue Reduction Test for Ice Cream

The provisional test for ice cream which has been operating experimentally for the last two years is the methylene blue reduction test. The provisional gradings are as follows:—

| Provisional | | Time taken to reduce |
|-------------|-----|--|
| Grading | | methylene blue |
| 1 | ... | 4½ hours or more. |
| 2 | ... | 2½—4 hours. |
| 3 | ... | ½—2 hours. |
| 4 | ... | 0 hours (i.e., reduction at the end of incubation period). |

Grades 1 and 2 are considered satisfactory, and grades 3 and 4 unsatisfactory.

The standard suggested for manufacturers is that over a period of six months 50 per cent. of the samples should fall in grade 1, 80 per cent. in grades 1 or 2, not more than 20 per cent. in grade 3 and none in grade 4.

It has been emphasised to health authorities that judgment should not be made on individual samples, but rather that results over a period of six months should be examined before assessing the hygienic quality of a particular product. The need for reserved judgment is also stressed, in view of the experimental nature of the methylene blue test.

Insufficient sampling has been done to give a reliable picture of the general bacterial standard of ice cream in the Borough. Further, it would not be justice to the trade to apply too rigidly a test, which so far as its relation to ice cream is concerned has yet to be proved.

Food Premises

Conditions in food premises were under review during the year and considerable improvements have been achieved at many establishments. Extensive alteration or reconstruction was advised in a number of instances where premises were considerably below standard. In these cases advice as to plant, equipment and layout has, with the co-operation of the proprietor resulted in a business which conforms not only to the statutes but to the highest public health standard. Whilst our statutory duty must not be overlooked, co-operation by the trade in these matters is to be commended and encouraged, as only in this way can premises be made all we would like them to be.

Due to the increase in food borne infection, attention has been focussed on the hygienic handling, preparation and storage of food. The Health Committee has approved a series of lectures to be given by the staff for the purpose of instructing food handlers and traders in food hygiene. The lectures are expected to start early in the new year.

In view of the war years and post-war difficulties of the Department and of the Trades, much remains to be done in food administration. Now that conditions have improved it is intended to give particular attention to this aspect of health work in 1949.

Legal proceedings are pending in respect of certain contraventions of the Food and Drugs Act, 1938.

Adulteration of Food

Mr. F. E. Thompson, A.R.C.S., F.R.I.C., continued to hold the appointment of Public Analyst, and samples under the Food and Drugs Act, 1938, and the Fertilisers and Feeding Stuffs Act, 1926, have been submitted to him for analysis.

Of the 305 samples submitted under the Food and Drugs Act, 56 were formal and 249 informal; of these 1 (equivalent to .32%) was adulterated.

121 of the samples were milk, of which 1 (equivalent to .82%) was adulterated.

16 samples of Fertilisers taken under the Fertilisers and Feeding Stuffs Act, 1926, were found to be satisfactory.

FOOD AND DRUGS ACT, 1938

Detailed List of Samples. Milks 121, Ice Cream 30, Butter 11, Margarine 11, Cooking Fat 11, Pickles 6, Olive Oil 5, Fish Paste 5, White Pepper 4, Gravy Colouring 4, Epsom Salts 3, Borax 3, Pickling Spice 3, Malt Vinegar 3, Pudding Mixture 3, Sage and Onion Stuffing 3, Bicarbonate of Soda 3, Gelatine 3, Parts of a pig 3, Unsweetened Cake Flour 2, Essence of Rennet 2, Coffee 2, Pure Oil 2, Liquid Paraffin 2, Mint 2, Ground Cinnamon 2, Tomato Juice 2, Tomato Sauce 2, Golden Raising Flour 2, and 1 each of the following: Salad Oil, Hard Herring Roe, Apple Juice, Condensed Milk, Blended Cooking Oil, Smoked Cod Roe Spread, Table Jelly, Yorkshire Relish, Sage, Custard, Glycerine, Chicken Broth, Horse Radish, Sandwich Spread, Toffee Popcorn, Corned Beef, Blackberry Jam, Lemonade Crystals, Glauber Salts, Fried Fish Cake, Oil of Eucalyptus, Fruit Sauce, Cooking Oil, Pickled Red Cabbage, Spaghetti Pearls, Yorkshire Pudding, Piccalilli, Barley Flour, Scone Flour Mixture, Caraway Seeds, Salad Dressing, Self Raising Flour, Pea Flour, Meat Paste, Cloves, Caramel Flour, Lime Juice Sulphur, Vanilla Flavouring, Liquid Apples, Sardine and Tomato Spread, Fried Minced Fish in Oil, Ground Nutmeg, Cream of Tartar, Flavouring Essence, Soya Flour.

Details of Adulterated Sample:

Sample 104 Milk ... Deficient in solids not fat equivalent to .58% added water.

Fertilisers and Feeding Stuffs Act, 1926

Superphosphate of Lime 1, Blood Manure 1, Dried Blood 2, Basic Slag 2, Sulphate of Potash 3, Sulphate of Ammonia 2, Carbonate of Lime 1, and 4 proprietary fertilisers.

PART 4.—WATER

The water supply for the area is from the mains of the South Staffordshire Waterworks Company and was generally satisfactory during the year, both in quantity and quality. In only a few houses is the mains water not available; most of these cases are in outlying

districts, and many of the properties are likely to be the subject of housing action. The following is an approximate proportion of the dwelling-houses supplied:—

| | Houses | Population | Percentage |
|---|------------|-------------|------------|
| (a) Direct to houses ... | 28,738 ... | 108,400 ... | 97 |
| (b) Houses sharing stand-pipes or common taps | 1,100 ... | 4,200 ... | 3 |

A high percentage of the houses sharing standpipes or common taps are either already condemned or likely to be condemned within the next ten years.

PART 5.—ATMOSPHERIC POLLUTION

Introduction

This section of the report may be divided into two parts, the first of which is narrative and explanatory in form; the second portion, mainly statistical, is set out on pages 87—88. The statistical portion will be found to be worthy of study.

Smoke Abatement

It should, perhaps, be explained that the word “smoke,” as used in this report, includes other forms of atmospheric pollution such as fumes, ash and grit, as well as “smoke” as normally understood.

For many years, Walsall has enjoyed the reputation of being a flourishing industrial town, its prosperity apparently being deemed to be proportionate to the sootiness of its atmosphere. Only in recent years has the public conscience become alive to the menace implicit in such a hypothesis.

During 1948, the department has intensified its efforts to deal with the problem and one member of the inspectorial staff, Mr. E. Bayley, has devoted the major part of his duties to this work. The problem is a vast and complex one; its solution, of necessity, will be slow, there being no short cut.

A substantial number of complaints of smoke and allied nuisances have been investigated during the year. Many interviews have taken place between the responsible officer and the managements of offending undertakings, in an endeavour to eliminate the nuisances. While in a number of cases appreciable improvement has been obtained, a proportion of offenders have, so far, proved intractable. Attention is, therefore, being concentrated on these latter cases. Departmental policy, in the first instance, is to approach offenders in an informal and advisory capacity, and much time has usefully been spent in this direction. Acknowledgment must also be made of the valuable work done by the Regional Engineering Staff of the Fuel

Efficiency Branch of the Ministry of Fuel and Power, with whom this department enjoys very cordial relations. Where the combined advice of the officers of the Ministry of Fuel and this department has not produced the desired effects, steps are being taken to invoke legal action.

Prevention of Pollution

The axiom "prevention is better than cure," is very true of the problem of atmospheric pollution.

It may be recalled that in 1947, thanks to the co-operation of the Borough Surveyor, plans of new and altered factory and commercial buildings were forwarded to the Chief Sanitary Inspector for comment. This valuable practice was continued throughout 1948 when 102 plans were scrutinised and reported upon. In twenty-two cases it was considered probable that smoke or other nuisance may arise from the plant to be installed or trade process to be carried on and, accordingly, recommendations were made to the proprietors for reducing the risk of subsequent nuisance. Perhaps the most striking example of the success of this service is that a certain metallurgical process, which had gained notoriety in some parts of the country for dense emissions of black tarry smoke, has been established in Walsall without causing nuisance.

Measurement of Pollution

Two Deposit Gauges are in general use for measuring atmospheric pollution, namely (a) The Standard Deposit Gauge for collecting deposited matters and (b) the Lead Peroxide Gauge for determining the activity of sulphur-dioxide present in the air. Five Deposit Gauges, each accompanied by a Sulphur Gauge have been in continuous operation throughout 1948. These gauges are fixed on selected sites in different parts of the town, so that comparisons may be made of the extent to which different neighbourhoods suffer from pollution. Two more Sulphur Gauges were set up on independent sites in April, and still further instruments are to be introduced in the near future.

The results revealed by the various gauges are tabulated on page 82. It is interesting to note that the Central (largely industrial) district received the heaviest amounts both of deposited matters and sulphur gases, while the primarily residential East sector suffered least. This relationship between deposits and sulphur gases does not apply to the figures for the Bloxwich, South and North Gauges, possibly because of local climatic variations.

The existing Deposit Gauges have now been in action on the present sites for three years and the average readings for the whole of the town are set out below: —

Deposit in Tons per Square Mile per Month

| 1946 | 1947 | 1948 |
|-------|-------|-------|
| 18.32 | 17.09 | 16.65 |

At first sight these figures seem encouraging. However, they should not be viewed too optimistically because weather conditions, which have not been taken into account, strongly influence the amount of impurities received by gauges—the vagaries of British weather are too well known to need elaboration here. Optimism will be justified only if the decline continues over several more years. The tables on pages 82 and 85 show that if the different areas of the town are arranged in descending order of “sootiness,” the following sequence results:—

Central (Hatherton Road)
 North (Transport Depot)
 Bloxwich (Station Street)
 South (Bescot)
 East (Sutton Road)

The same sequence appertained during 1947 and 1946.

The Lead Peroxide (Sulphur) instruments have not been long enough in use for reliable comparisons to be drawn. In future years the results revealed by these instruments should be most interesting, particularly as sections of the new Electricity Generating Station come into action.

The Extent of the Problem

Walsall has, for a long time, been accepted as a smoky town, but reliable statistical information as to the scale of pollution had been lacking. Early in 1948, the National Smoke Abatement Society asked all local authorities in the country to survey their areas in order to ascertain the chief sources of pollution and to form a more accurate idea of the size of the problem.

This survey, which meant a great deal of extra work, was conducted during the Spring and Summer of 1948. It is fitting, here, to record an expression of appreciation to members of the Chamber of Commerce, and to the town's industrialists and business men, for co-operating so well with the department in carrying out the survey.

The results of the survey, so far as it concerns Walsall, are summarised on pages 86—88 under the heading “National Survey of the Source and Incidence of Atmospheric Pollution.” This summary presents a reliable general picture of conditions in the town, but the figures are, if anything, on the low side.

Domestic Smoke

Although this section of the report has dealt mainly with industrial smoke, it must be remembered that smoke from domestic chimneys accounts roughly for one-half of the deposited matters and one quarter of the sulphur gases referred to.

For some years now, the Fuel Research Station has been testing and certifying domestic fires and ranges from a fuel efficiency and smoke abatement standpoint. Post-war Council houses are being equipped only with such heating and cooking appliances as are certified by the Station as being capable of burning solid fuel without undue smoke. A list of certified grates and ranges is kept by the Chief Sanitary Inspector, and householders who contemplate replacing existing firegrates are invited to consult this list.

ATMOSPHERIC POLLUTION

1. Deposit Gauges—Records of Deposits

| Deposits in Tons per Square Mile. | | | | | | |
|-----------------------------------|-----|---------------------------|----------------------------|-----------------------------|-------------------|----------------------|
| Month | | Bloxwich (Station St.) | North (Transport Depot) | Central (Hatherton Road) | South (Bescot) | East (Sutton Rd.) |
| January | ... | 27.82 | 20.24 | 28.07 | 20.95 | 14.41 |
| February | ... | 15.27 | 15.35 | 17.23 | 13.80 | 6.36 |
| March | ... | 19.95 | 15.84 | 21.41 | 14.83 | 8.18 |
| April | ... | 15.46 | 15.86 | 20.53 | 17.09 | 13.48 |
| May | ... | 11.10 | 16.96 | 20.32 | 16.90 | 6.64 |
| June | ... | 14.36 | 17.64 | 18.85 | 11.73 | 7.50 |
| July | ... | 8.18 | 17.59 | 23.32 | 10.72 | 4.83 |
| August | ... | 16.14 | 24.10 | 25.96 | 13.92 | 6.67 |
| September | ... | 16.08 | 16.08 | 14.48 | 18.82 | 6.14 |
| October | ... | 20.22 | 24.62 | 21.84 | 17.95 | 6.17 |
| November | ... | 17.35 | 22.45 | 22.54 | 22.96 | 9.58 |
| December | ... | 21.55 | 29.61 | 24.56 | 21.96 | 8.61 |
| TOTALS | ... | 203.58 | 236.34 | 259.11 | 201.63 | 98.57 |
| Monthly Average 1948 | | 16.95 | 19.69 | 21.59 | 16.80 | 8.21 |
| Monthly Average 1947 | | 18.19 | 19.94 | 23.27 | 13.22 | 10.81 |



The above photograph of a section of a public building in the borough was taken during 1948. The severe defacement of the figurehead and other obvious damage to the stonework is the cumulative result of soot and tar deposited from the town's air, and of the destructive action of acid sulphur gases present in the air.

2. Lead Peroxide Gauges—Record of Sulphur Pollution

Weight of SO_3 collected—in mg/100 sq. cm/day.

| Month | | Bloxwich | North | Central | South | East | Bloxwich Manor Road | Hos. |
|-----------|-----|----------|-------|---------|-------|----------|------------------------|----------|
| January | ... | 2.51 | 3.15 | 3.45 | 3.80 | 1.35 | | |
| February | ... | 2.50 | 2.32 | 2.56 | 2.56 | 0.94 | | |
| March | ... | 2.22 | 2.28 | 2.67 | 2.72 | 0.82 | | |
| April | ... | 1.64 | 1.93 | 2.32 | 1.92 | 0.80 | 1.51 | 1.69 |
| May | ... | 1.47 | 1.82 | 1.84 | 1.37 | 0.60 | 1.20 | 1.46 |
| June | ... | 1.38 | 1.67 | 2.04 | 1.92 | 0.57 | 1.32 | 1.36 |
| July | ... | 1.39 | 1.98 | 2.02 | 1.76 | 0.58 | 1.29 | * |
| August | ... | 1.19 | 1.61 | 1.94 | 1.88 | 0.43 | 1.28 | 0.64 |
| September | | 1.88 | 2.65 | 2.34 | 2.52 | 0.73 | 1.62 | 1.20 |
| October | ... | 2.34 | 2.51 | 3.10 | 2.86 | * | 2.18 | 1.83 |
| November | | 3.86 | 4.14 | 4.15 | 4.28 | 3.03 | 1.64 | 3.46 |
| December | | 2.98 | 3.64 | 3.22 | 3.24 | 1.15 | 2.80 | 2.90 |
| <hr/> | | | | | | | | |
| TOTALS | ... | 25.36 | 29.70 | 31.65 | 30.83 | 11.00(a) | 14.84(b) | 14.54(c) |
| <hr/> | | | | | | | | |
| Averages | ... | 2.11 | 2.47 | 2.64 | 2.57 | 1.00 | 1.65 | 1.82 |
| <hr/> | | | | | | | | |

* NO RECORDS. (a) Total for 11 months.

(b) Total for 9 months. (c) Total for 8 months.

NATIONAL SURVEY OF THE SOURCES AND INCIDENCE OF ATMOSPHERIC POLLUTION

A—Pollution from Principal Fuels

[illegible]

B—Other Sources of Atmospheric Pollution

| Sources of Pollution (Process, type of installations, material responsible for pollution) | Number (in past 6 months) causing Pollution in Area | Nature of Pollution (fumes, smoke, dust or grit) | Notes on Degree of Pollution (e.g., light, rare, occasional, moderate, heavy, etc.) |
|---|---|---|---|
| 1. Flour Mills | 1 | Flour Dust | Moderate emissions: intermittent |
| 2. Shot Blasting | 1 | Dust | Moderate emissions: frequent |
| 3. (a) Incinerators burning sawdust, wood waste | 4 | Smoke | Moderate emissions: intermittent |
| (b) Steam Boiler (wood waste) | 1 | Smoke | Moderate emissions: intermittent |
| 4. Creosote-pitch Furnaces | 3 (1 factory) | Smoke | Heavy emissions—intermittent |
| 5. Casting Works | 2 | Grit | } 1 moderate and intermittent } 1 serious and continuous |
| 6. Leather Buffing | 1 | Leather Dust | Moderate: intermittent |
| 7. Granite Quarrying | 1 | Granite Dust | Heavy: continuous |
| 8. Non-ferrous Metal Recovery | 1 | Flocculent Zinc Oxide | Heavy: intermittent |
| 9. Tipping (mainly of pulverised fuel grit from power station) | 1 | Grit | Heavy during windy weather |

PART 6.—DISINFESTATION

The municipal Disinfestation Service has now fully resumed its normal peace-time function although the war-time fittings and structural condition at the Bloxwich Depot remain the same. It is hoped during the coming year to reinstate the original building and utilise more fully the accommodation which is available. In addition to the routine work of the department many requests for assistance from authorities not so well equipped, have been met.

Rodent Control

Work in connection with the requirements of the Infestation Order, 1943, has continued throughout the year, and there is no doubt that the work of scientific rodent control has now become established as an integral part of the responsibility of the department. The sewers, sewage disposal works and water course under the town have been twice treated during the last twelve months, and the control measures were continued in respect of private dwellings and certain business premises in the Borough.

The number of infestations dealt with at private dwellings was 214, and 23 business premises received attention. In the latter case the total costs incurred were recovered from the firms concerned. With the sewer treatments some 2,000 manholes were baited during each treatment showing respectively 306 and 288 takes.

Insect Pests

The number of Council houses completed during the year was 883 compared with 280 last year. This has resulted in a corresponding increase in the number of hydrogen cyanide operations for treatment of household effects, giving a total of 229. Consequently the number of houses treated by heavy naphtha has also increased. For disinfestation of occupied houses D.D.T. or Gammoxane is used depending on the type of insect involved and the circumstances of the individual case.

Treatment of floors for wood boring beetles remains a problem as no really effective method of disinfestation has yet been found. Where timber has been taken from stocks showing signs of beetles it is suggested that the timber be thoroughly treated before it is installed.

Income

The chargeable work for disinfestation and rodent control during the year amounted to £544 6s 6d.

PART 7.—FACTORIES, SHOPS AND OFFICES

There are now 888 factories on the departmental Factories Register compared with 875 last year.

Complaints of infringements of the Factories Act, 1937, or the Sanitary Accommodation Regulations, 1938, were received, from H.M. Inspector of Factories in respect of 64 premises. These reports were all investigated and appropriate remedial action taken.

Details of the types of factories inspected and of the action taken are set out on pages 91 and 92.

Owing to staff difficulties, it has not yet been possible to carry out systematic inspections of offices and shops, and there seems to be no immediate prospect of making such systematic visits. Individual cases are, however, examined and dealt with from time to time.

FACTORIES ACT, 1937

Prescribed particulars on the administration of the Factories Act, 1937.

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

| Premises (1) | M/c line No. (2) | Number on Register (3) | Number of | | | M/c line No. (7) |
|--|---------------------------|---------------------------------|--------------------|---------------------------|--------------------------------|---------------------------|
| | | | Inspections (4) | Written notices (5) | Occupiers prosecuted (6) | |
| (i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... | 1 | 84 | 14 | 6 | Nil | 1 |
| (ii) Factories not included in (i) to which Section 7 is enforced by the Local Authority | 2 | 802 | 182 | 72 | Nil | 2 |
| (iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out- workers' premises) | 3 | 2 | — | — | Nil | 3 |
| TOTAL | | 888 | 196 | 78 | Nil | |

2.—CASES IN WHICH DEFECTS WERE FOUND

| Particulars (1) | M/c line No. (2) | Number of cases in which defects were found | | | Number of cases in which prosecutions were instituted (7) | M/c line No. (8) |
|---|---------------------------|---|-----------------|---|---|---------------------------|
| | | Found (3) | Remedied (4) | Referred To H.M. Inspector (5) | By H.M. Inspector (6) | |
| Want of cleanliness (S.1) | 4 | 39 | 16 | — | 31 | 4 |
| Overcrowding (S.2) | 5 | — | — | — | — | 5 |
| Unreasonable temperature (S.3) | 6 | — | — | — | — | 6 |
| Inadequate ventilation (S.4) | 7 | 2 | 2 | — | 2 | 7 |
| Ineffective drainage of floors (S.6) | 8 | — | — | — | — | 8 |
| Sanitary Conveniences (S.7) | | | | | | |
| (a) insufficient | 9 | 17 | 2 | — | 17 | 9 |
| (b) Unsuitable or defective | 10 | 6 | 5 | — | 6 | 10 |
| (c) Not separate for sexes | 11 | 2 | 1 | — | 2 | 11 |
| Other offences against the Act (not including offences relating to Outwork) | 12 | 171 | 82 | 2 | 139 | 12 |
| TOTAL | 60 | 237 | 108 | 2 | 197 | 60 |

OUTWORKERS

In accordance with Section 110, reports were received of a total number of 101 Outworkers, 82 engaged in making wearing apparel and 19 engaged in fancy leather. It was not necessary to take any action with respect to Outworkers.

CONCLUSION

In a year which has again seen many staff changes and the establishment of three Specialist Officers, may I again pay tribute to the continued support of the Chairman and Members of the Health Committee. To the Medical Officer of Health I should like to say a special "Thank you" for the continued help and co-operation not only during this year but since my appointment in 1935, and also to pay tribute to the most cordial relations which have existed during that time. There have been many outstanding changes, and I am sure that my staff will be glad to be associated with me in wishing Dr. Clark many years of well deserved retirement. To the staff in the department who have again given unstinting service I tender my sincere thanks, and I wish specially to mention the help and assistance I have received from Mr. J. Green, my deputy, and the Specialist Inspectors, Messrs. Woodward, Bayley, Kelley and Hill, in the preparation of this report.

Yours obediently,

C. A. STANSBURY,

Chief Sanitary Inspector.

REPORT

OF THE

SCHOOL MEDICAL OFFICER

For the Year ended 31st December, 1948

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my report on the School Health Service for the year ended 31st December, 1948.

1.—STAFF

There has been one change in the medical staff during the year, Dr. Birchall leaving at the end of March on his promotion to a more senior appointment. His place was taken by Dr. FitzGerald who took up his duties on 1st May, 1948.

Mr. Humphrey, School Dental Surgeon, resigned from the School Health Service at the beginning of November, although he continued to give part-time service until the end of the year. The vacancy was filled by the appointment of Mrs. Miller, L.D.S., who took up her duties on 1st February, 1949. Every endeavour was made, without success, to obtain an additional dental surgeon so that the School Dental Service could be extended to implement proposals made under the National Health Service Act, to extend the dental service to include children under the age of five years and not in attendance at school, and also expectant and nursing mothers. This has been impossible and, faced as we are with probable further resignations and our inability to obtain additional staff, it is doubtful whether we will be able to carry out the full school dental programme during 1949.

There has been a slight improvement in the nursing staff position, but we are still far short of our establishment of health visitors, and the follow-up of children found at medical inspection to be suffering from one or other defect has been attended with some difficulty.

2.—SCHOOL HEALTH WORK—OBSERVATIONS

The following notes on various aspects of the School Health Service have been provided at my request by Dr. P. J. FitzGerald. Dr. FitzGerald is in charge of the minor ailments clinics and carries out the bulk of the Medical Inspections in the schools.

Personal Cleanliness. The standard of personal cleanliness, while good at some schools, in general leaves much to be desired. As a special effort towards cleanliness is made for medical inspections a more accurate impression of the general standard may be gained at special cleanliness inspections.

Bad cases receive a visit from a member of the health staff and frequent cleanliness inspections are carried out at the schools.

The parent's influence and example are probably the most important factors determining the state of cleanliness of the children, but much can be done by the teachers also, in impressing the principles of hygiene on their pupils and every effort should be made in schools to bring-up children in habits of cleanliness and neatness.

School Clinics. The school clinics have been well attended during the year, a large number of children being referred, as a result of findings at routine medical inspections. The majority of parents accept the treatment and advice offered.

Many delicate and under-weight children with chest complaints attended the clinics at frequent intervals for physical examination, weighing and repeat of nutrient tonics prescribed. Any suspected cases of primary tuberculosis, children in whom a history of contact with tuberculosis could be discovered, and any failing to respond to simple treatment, are referred to the Chest Clinic for more detailed investigation. Several of these children with chronic bronchitis and asthmatic bronchitis were admitted to the Open Air School during the year. Others with associated chronic naso-pharyngeal infection were referred to the Ear, Nose and Throat Surgeon at the Manor Hospital and many received Ultra-violet ray treatment.

Findings at Medical Inspections. Of the defects found at medical inspections the most prevalent is dental caries. Other common defects are enlarged tonsils and adenoids, errors of refraction, blepharitis and postural defects.

Enlarged Tonsils and Adenoids. As the clinical indications for tonsillectomy are by no means clearly defined, many cases were noted for observation and re-examination later. All cases of enlarged adenoids or suspected adenoidal infection, children with marked enlargement of tonsils or history of frequent sore throats, and those with middle ear complications were referred to the Ear, Nose and Throat Surgeon.

Incorrect breathing due to enlarged tonsils and adenoids often remains after their removal, therefore, parents are requested to bring their children to the School Clinic after operation when a course of breathing exercises can be arranged. In this way it is hoped to hasten the establishment of correct breathing necessary for the normal development of the chest.

Postural Defects. These are so widespread that they are not regarded as they should be, that is, as definite deformities.

These cases are referred to the Orthopædic Clinic for treatment, but it should be remembered that they are far easier to prevent than to cure as the majority of postural defects are an outward manifestation of debility. Consequently, adequate sleep sufficient for the growing child, suitable games and physical exercise in the open air, combined with a well balanced and nourishing diet should in many instances prevent the development of these much too common deformities.

Re-inspections. Apart from Nursery Schools re-inspections have not been carried out during the year, consequently the progress of many children with minor defects which do not require special treatment has remained unchecked.

The school health service should be extended to include facilities for Child Guidance and Speech Therapy.

Teachers refer many maladjusted children to the school clinics but, apart from admission of certain cases to the Open-Air School, little can be done for these children at present. Psychological disturbances in childhood, though appearing trivial, may be the forerunners of graver mental states in the adolescent and adult.

Though one or two children with marked speech defects have had special treatment at Birmingham it would be an advantage to have facilities for speech therapy nearer at hand.

3.—SCHOOL ACCOMMODATION

(a) Secondary Schools

| | | | | |
|-------------------|-----|-----|-----|----|
| County Schools | ... | ... | ... | 16 |
| Voluntary Schools | ... | ... | ... | 2 |

with accommodation for 6,628 pupils.

(b) Primary Schools

| | | | | |
|-------------------|-----|-----|-----|----|
| County Schools | ... | ... | ... | 27 |
| Voluntary Schools | ... | ... | ... | 15 |

with accommodation for 13,632 pupils.

- (c) Nursery Schools 3
with accommodation for 120 pupils.
- (d) Open Air School for 54 pupils.
- (e) Beacon Residential School for Educa-
tionally Subnormal Pupils 77

The number of pupils on the register at 31st December, 1948 was 18,293 as follows—Primary and Secondary Schools 17,039, Queen Mary's School 935, Art School 80, Technical College 119, Nursery Schools 120.

Of the 17,039 children in Primary and Secondary Schools, the average attendance was 15,223.

4.—PHYSICAL AND MENTAL WELFARE

The health of the school child remains satisfactory. 7,708 pupils were medically examined in the course of routine inspections, of that number the general condition was described as good in 16 per cent., fair in 78 per cent., and poor in 6 per cent.

The school child of to-day is a much better child physically than was his predecessor of the years before the first world war. Comparison of the weights and heights of school children show that there has been a marked gain in both the weight and height of children in attendance at school.

In 1912, 2,189 children examined at the age of 5 years had an average height of 41.25 inches and an average weight of 38.75 lbs. In 1933, 1,355 children of a similar age group had an average height of 42 inches and an average weight of 40 lbs. In 1948, 2,246 children of the same age group had an average height of 43.75 inches and an average weight of 47 lbs.

The same gain in height and weight is noticed in the case of the "leavers." 1,262 children examined at the age of 14 had an average height of 57.75 inches and an average weight of 84 lbs. in 1912, whereas in 1948, 940 children of a similar age had an average height of 61.75 inches and an average weight of 98.75 lbs.

For this improvement in physical standards credit must go to the greater attention which has been paid to the growing child during the past 30 years by the local Health and Education Authorities. The provision of Ante-natal Clinics, Child Welfare Centres, Health Visitors by their advice to parents in the home and at clinics, the regular medical inspection of school children and provision of treatment of all

kinds, the "Milk in Schools" Scheme, the School Meals Service and other activities of the Local Authority. All can claim some credit for this wonderful improvement, as can the parents who have taken advantage of the services provided for them by the Local Authority.

During the year, 15 children of school age died, the cause of death being, Diphtheria, Scarlet Fever and Heart Disease, Pneumonia, Heart Disease, Nephritis, Appendicitis, Road Traffic Accident 1 each, Other forms of Violence 4, Other Causes 4.

5.—SCHOOL CLINICS AND FOLLOW-UP

The arrangements for the treatment of minor ailments at the school clinics remain as in former years. 651 children were referred to the Ophthalmic Specialist for errors of refraction or squint. Spectacles were prescribed in 521 cases and obtained in 514 cases. 13 children suffering from squint were referred for orthoptic treatment. 314 cases of adenoids and chronic tonsillitis received operative treatment under the local Education Authority's scheme, 30 for other nose and throat conditions; 67 cases received other forms of treatment.

During the year 8,193 home visits were paid by the School Nurses for various reasons, e.g. obtaining the consent of parents to eye treatment, interviewing parents with regard to their children failing to keep appointments with the Orthopædic Specialist or failing to keep appointments for orthopædic treatment, post-tonsillectomy visits and following up bad defects found at school medical inspections, to ensure that treatment was obtained.

6.—UNCLEANLINESS

There has been a further decline in the number of children found to be suffering from Scabies, 239 being treated at the Scabies Clinic, as against 408 in the previous year. There has also been a similar decline in the number of adults treated at the clinic.

154,985 examinations of pupils in the schools were made by the school nurses and 973 individual pupils were found to be unclean. This figure is slightly higher than in the previous year, when 720 individual pupils were found unclean.

The worst offenders were once more found in the Senior Girls' School, in some of the Junior Schools and in one Nursery School.

It was not found necessary to issue any cleansing notices under Section 54 of the Education Act, 1944.

7.—PHYSICAL EDUCATION

I am indebted to Mr. A. J. Spears and Miss I. Munden, Physical Training Organisers for the following interesting reports on Physical Education in the schools.

“We can report quite confidently that Physical Education in the Schools is steadily regaining its pre-war health and vigour stimulated by the liberal interpretation of its powers by the Education Committee and by the keenness of the Head Teachers who plan and organise the schools to give us the optimum results. The teaching staffs in their turn have worked conscientiously and in many cases given up their own time for special coaching in the major games, Athletics, Swimming and Life Saving Land Drills. Their efforts are well rewarded for many more scholars are showing evidence of control and skill in such branches of the work. The aim, of course, is not to give more and more coaching to the gifted, but to improve the individual standards for the greatest number.

Steady progress has been made towards the understanding and establishment of modern methods, bringing our work more into line with recent development in Education as a whole. Refresher courses for teachers provide a sound method of introducing new ideas and two courses were held during the year, one for teachers of Junior children in the Spring, and another for teachers of Infants in the Autumn. Both were well attended and are showing excellent results in the schools.

A lecture-demonstration was held in June, attended by over 100 teachers, illustrating the more elastic interpretation of movement training for Primary children and those who witnessed the demonstration were favourably impressed with the all round skill, agility and bodily development of the pupils.

There has been an increase in the supplies of clothing, footwear and apparatus issued to schools this year and it is gratifying to report that for the first time since 1938 an allocation of gymnastic clothing, football jerseys and boots to secondary modern departments has been made. The small items of apparatus which are so useful in developing the varied skills demanded in the new approach, have reached the schools in greater quantities though the prices are still high and are the ruling factor in limiting our scope.

Mention was made in last year's report of the need for providing more climbing and agility apparatus especially for primary children. One school, which provided the material for our lecture-demonstration, is equipped with the Essex Agility Apparatus and four other schools will shortly be making use of Climbing or Scrambling Nets—a form of activity which proves equally beneficial and safe for infant or senior

children. Much experimental work is being done with improvised apparatus such as ammunition boxes, benches, stools, tables and ladders. Comment on these experiments may perhaps be left for a later report.

Much progress in organised games has been made in girls' departments. So many secondary girls' departments are now playing Hockey that it was possible to hold our first tournament in beautiful spring sunshine last March. This was followed in early autumn by a short course for teachers in Umpiring. More junior girls' departments are now playing Netball as their major winter game and a successful tournament was held in the summer. The Rounders Tournament in the summer term for junior and senior girls has now become an annual fixture and this year reached its peak with 300 players and many spectators enjoying the sight of a really high standard of play. A few more secondary girls' departments are now including Tennis for their older girls.

Football in the boys' departments shows a relatively higher standard than its summer counterpart, Cricket. This is mainly due to the unsatisfactory wickets at the disposal of the schools, but Cricket is also severely handicapped by the scarcity and cost of the equipment.

Athletics training is becoming a real feature of some secondary departments and the scope is being widened to include more Field Events. A number of individual school sports were attended by the Physical Training Organisers, and very creditable standards of organisation and athletic ability were in evidence. The inclusion of such events as Putting the Shot and Throwing the Discus was gratifying. A new feature has been the establishment of an inter-schools High Jumping Competition for older girls with the co-operation of Mr. W. E. Harrison of the Walsall Athletic Club. This has raised much interest among the girls and has been run during the evenings throughout the spring and autumn. Strangely enough, an attempt to initiate a similar project for boys fell through owing to lack of support. This was regrettable as there is much talent in High Jumping amongst senior boys.

Boxing is growing in popularity and will receive our full support in senior departments where the staff can undertake the coaching. One department has already established the precedent of a properly organised tournament and high praise is due to the teachers responsible. The right spirit was there and the boxing was good throughout.

A special attempt was made this July to encourage school leavers to continue with some form of healthy exercise. In spite of the many varied and interesting classes provided, however, the response has been most disappointing. The adult classes in physical recreation are

indeed more flourishing than they have ever been, but they are attended largely by girls and women over 17. This is common in other parts of the country, also, and in the interest of national well-being it is a problem needing investigation.

Swimming maintains its high standards, though we reiterate that the opportunities of gaining proficiency are lost to many children owing to lack of baths. Two galas were organised by the Schools Swimming and Life-Saving Association at Tower Street and Bloxwich Baths, and these showed unmistakably that the selected swimmers throughout the schools can put up very good performances in the water. The fact that the majority of the pupils undergoing instruction are not being neglected for the benefit of the few outstanding ones is well shown by the summarised awards for 1948. A comparison can also be made with those for 1947. Whilst in 1946, a total of 911 swimming awards was surpassed by the 1947 figure of 1,000, this year we record a further increase to 1,346. This is undoubtedly an outstanding achievement.

| | 1947 | | | | 1948 | | | |
|---------------------------|------|-----|-------|-----|------|-----|-------|--|
| | Boys | | Girls | | Boys | | Girls | |
| 1st Class Certificate ... | 3 | ... | 3 | ... | 52 | ... | 25 | |
| 2nd Class Certificate ... | 179 | ... | 97 | ... | 172 | ... | 132 | |
| Junior Special Award ... | 14 | ... | 13 | ... | — | ... | — | |
| 3rd Class Certificate ... | 96 | ... | 65 | ... | 220 | ... | 69 | |
| Proficiency ... | 267 | ... | 83 | ... | 186 | ... | 110 | |
| Junior Learners ... | 104 | ... | 76 | ... | 239 | ... | 141 | |
| | — | | — | | — | | — | |
| | 663 | ... | 337 | ... | 869 | ... | 477 | |
| | — | | — | | — | | — | |

Total Boys and Girls 1947 ... 1,000

Total Boys and Girls 1948 ... 1,346

| Royal Life-Saving Society Certificates (1948) | | | | Boys | | Girls | |
|---|------|-----|-----|------|-----|-------|-------|
| Bronze Cross ... | ... | ... | ... | 1 | ... | — | |
| Bronze Medallion ... | ... | ... | ... | 8 | ... | 23 | |
| Intermediate Certificate ... | ... | ... | ... | 13 | ... | 16 | |
| Elementary Certificate ... | ... | ... | ... | 24 | ... | 34 | |
| | | | | — | | — | |
| | | | | 46 | | 73 | = 119 |
| | | | | — | | — | |
| | 1947 | ... | | 59 | | 66 | = 125 |
| | | | | — | | — | |

8.—PROVISION OF MEALS AND MILK FOR SCHOOL CHILDREN

I am indebted to Mrs. D. M. Curtis, School Meals Organiser, for the following report on the School Meals Service:—

“Since the last report, the daily number of meals served has maintained its steady growth, though the increase is not so great as in previous years.

The fourth Central Kitchen at Lower Rushall Street has been in operation since August, and new Canteens at Elmore Green and Hillary Street are on the point of opening. The cooking capacity of the service is now such that all reasonable demands can be met.

The total number of meals served during 1948 was 1,300,398 (1,079,292 for payment and 221,106 free) whilst last year's figures were a total of 1,146,997 (912,524 paid, 234,473 free) an increase of 153,401. The cost of the meal to the child remains at 5d. (the cost of the food only) and every effort is made to maintain variety in the menus and to introduce new dishes of good nutritional value.

The “Milk in Schools” scheme under which all school children receive $\frac{1}{3}$ pint of milk free on each school day remains operative, and on October 5th, 1948, the number of such children was 90 per cent. of those attending school on that day.”

9.—INFECTIOUS DISEASE

Diphtheria. There were 2 cases of Diphtheria in school children during the year as against 4 in the previous year. There was one death. Neither of the two children had been immunised.

During the year 1,224 children under the age of 5 years and 1,238 between the ages of 5 and 15, a total of 2,462 were immunised against diphtheria. 4,314 children received a re-inforcing dose.

Scarlet Fever. 271 cases of Scarlet Fever occurred amongst school children as against 243 in 1947. There was 1 death from the disease—a child suffering from Heart Disease.

Measles. There were 245 cases of Measles as against 687 in 1947; approximately 60 per cent. of these occurred during the first quarter of the year. There were no deaths.

Whooping Cough. 105 cases of Whooping Cough were notified amongst school children as against 88 in the previous year, 70 per cent. of these occurring during the first quarter of the year. There were no deaths.

Cerebro-Spinal Meningitis. One case was notified.

Poliomyelitis. One case was notified.

10.—HANDICAPPED CHILDREN

Deaf. There were 15 children in residential schools for the deaf or partially deaf and 3 were in attendance at Special Day Schools.

Blind. One child was placed in a residential special school there being 9 children in residence at the end of the year.

Educationally Subnormal. Four boys were admitted to the Beacon Residential School, Lichfield, and four were discharged, there being 20 boys in residence at the end of the year. The certificate of one girl who had spent some time in a special school was cancelled.

47 children referred for examination were found on examination to be educationally subnormal and to require education in a special school or class.

The following children were notified to the Local Health Authority:—

| | | |
|----------------------|-----------------------------|----|
| Under Section 57 (3) | Idiots | 1 |
| | Imbeciles | 4 |
| | Educationally subnormal ... | 7 |
| Under Section 57 (5) | Educationally subnormal ... | 4 |
| | | — |
| | Total ... | 16 |
| | | — |

These handicapped children were in the following institutions:—

| Institution | Boys | Girls | Total |
|---|------|-------|-------|
| Royal School for Deaf Children (Birmingham) | 3 | 4 | 7 |
| Moseley Road School for the Deaf (Birmingham) | 3 | — | 3 |
| The Mount School for the Deaf (Stoke) | 2 | 6 | 8 |
| Royal Institute for the Blind (Birmingham) | 6 | 3 | 9 |

Educationally subnormal:—

| | | | |
|---------------------------------|----|---|----|
| Beacon School, Lichfield | 20 | — | 20 |
| Monyhull | 2 | — | 2 |
| Sandhill Park | 1 | — | 1 |

In addition other handicapped children were in institutions as follows:—

Condover Hall, Shrewsbury—

(Blind and Educationally subnormal) ... 1 boy

National Children's Home, Chipping Norton—

(Physically Defective & Educationally subnormal) 1 boy

Brambley House Clinic, Chesterfield—

(Maladjusted) ... 1 boy

Carlson House, Harbourne—

(Spastics) ... 1 girl

Colthurst House School, Warford—

(Epileptics) ... 1 girl

St. Gerard's Hospital, Coleshill—

(Physically handicapped) ... 1 boy

Home Tuition. Education was provided in their own homes for 6 children whose physical condition was such that they were unable to attend any primary or secondary school.

Children Handicapped by Cerebral Palsy. We were fortunate in that Dr. P. Asher and Mrs. Schonnell (Psychologist) of the Midland Spastic Association visited Walsall during December for the purpose of carrying out a survey of children in the Borough suffering from Cerebral Palsy.

Of the children examined, five were found to be suffering from a mild degree of the disease, three of these children having normal intelligence are able to attend primary or secondary school, one was already in a special school for the educationally subnormal, and the admission of the fifth to a similar school was recommended.

Six were found to be suffering from the disease in a moderately severe form. One child is not yet of school age, three are attending primary or secondary schools, although two of them are also educationally subnormal. One child is attending Carlson House School for Spastics, Birmingham and doing well, and the sixth child has since been admitted on trial to a primary school.

Three children were found to be severe cases of the disease and were also mentally defective (idiots) for whom little more could be done. Two of these unfortunate children belonged to the same family, a condition not previously found in the whole survey of the Midlands.

Two other children presented for examination were found to be suffering not from cerebral palsy but from advanced muscular Dystrophy and are almost entirely helpless. Nothing could be done for either of these pathetic cases.

Crippled Children. 533 children received treatment at the orthopædic clinic or at hospital out-patient departments, and 30 children received treatment as hospital in-patients for orthopædic defects.

11.—BEACON RESIDENTIAL SCHOOL

To Mr. G. F. Taylor, Superintendent of the Beacon Residential School for Educationally Sub-normal children, I am indebted for the following interesting report on the work at Beacon School.

“During 1948 the School has been full to capacity. Seventeen have been discharged and their places taken by a corresponding number of fresh pupils drawn from Authorities scattered all over the country. The average age of these new boys has been 11+, which means that their average stay with us is likely to be four to five years. Their average intelligence quotient corresponds with the present average for the School, viz.: 66. It is a matter to be regretted that boys are not more frequently admitted at age 7—8. Such pupils coming under Special School tuition at an early age profit more appreciably, and, except in regard to isolated cases where a boy has been sent to us because of delinquent tendencies or bad home conditions, we usually find that the boys at the top of the School in regard to scholastic attainment, practical skill and character are those who come to us at an early age. Until Special Schools are more numerous and adequate provision is made for the reception of the educationally sub-normal pupil, the tendency to urge the admission of the older pupil seems inevitable—though it is a matter of opinion as to whether the best use of the limited accommodation is thus being made—and obviously the teachers will not think so. While our average age for admission continues to be at 11+ we shall continue to have a wide spread of infant attainment, and boys of similar low ability will be found in two or more of our four classes. The effect that this produces on teaching efficiency is obvious to all. By the implementation of the new Education Act there is a danger of the educationally sub-normal child being left in the primary school until the age of 11. In the interest of the unfortunate child, steps should be taken to avoid this. Early notification by the teacher of the Primary school should be regarded as an obligation, especially bearing in mind the present difficulty in obtaining Special School places and the long period of time that usually separates the dates of notification and final disposal. This early notification is also essential if the Education Authority is to have a correct picture of the need for Special School provision. The solution of the problem lies in the early ascertainment of the educationally sub-normal child and in the general recognition and acceptance of the Special School as the right and proper place for such children, but because Special Schools are comparatively few and often isolated, their work is but little understood. People who have lived adjacent to such schools for many years are often quite ignorant of the type of teaching that is under-

taken and of the category of the children in attendance. One cannot therefore, be surprised when parents of a sub-normal child express objection to the idea of the child being sent elsewhere than an ordinary school.

In the case of the day Special School, the Parent Teachers' Association can be very helpful, but in the case of the residential School such an association is impracticable. I am glad to be able to report that the relationship existing between the School and the Parents of our 20 Walsall pupils is a happy one. So much so that last summer one parent wrote spontaneously of his appreciation of the School to the Editor of the "Walsall Observer."

The year 1948 has been noteworthy by reason of the staffing improvements affected by the addition of the Wardens to the male staff. These officers are responsible more particularly for the boys' recreational and social activities—instruction in games, establishing contacts for individual boys external to the School, for relieving the Headmaster of certain responsibilities during 'out of School' hours. Their status is on a par with the teacher, and their work is similarly appreciated. During this year they have been responsible for the swimming instruction and to-day nearly a half of the School can be rated as swimmers. Our Chess Club too, owes much to their encouragement and direction, so that now we have fifteen boys who all play a tolerable game, while three or four play with keen deliberation. Football has never been so popular, and even those few older boys who appear to spurn the caseball are nevertheless ardent football fans who will argue at length on the merits of their respective teams. Games are played every Saturday afternoon and matches with an outside team occur on alternate Saturdays. A play period is provided daily from 3.30 to 4.30 p.m. when the senior boys indulge in football or such games as the weather conditions render appropriate. Cricket was played during the summer but as there are always other distractions, e.g., practising for Athletic Sports, tending of garden plots, etc., the standard of play compares less favourably. Netball has been played enthusiastically throughout the year.

Work in the classroom has been successful, more particularly with certain of our pupils and especially with the senior boys, many of whom have made gratifying progress in their general reading and written English. The standard of the practical work throughout the School has been maintained and some very good individual items of woodwork and of cardboard modelling have been completed. The cobbling attainment always provokes warm comment from our visitors.

The general health of the boys has been excellent. In the early weeks of the year, following upon visits to the local Cinema, we had isolated cases of Mumps, German Measles and of Chicken Pox, but,

as soon as we were clear of these outbreaks we enjoyed a comparatively clean bill of health for the rest of the year. It has been observed that the long period of holiday, especially in the summer, has an adverse effect on the health of a certain few who take quite a few weeks to pull up after a long holiday at home, where feeding and other conditions have inevitably been inadequate. Last Easter, for the first time, those parents who desired to have their boys home for the holiday period were allowed to do so and some forty boys proceeded to their homes. The usual summer and Christmas holidays were taken, making up a total of twelve weeks for the year.

The usual outstanding events were again the Annual Athletic Sports and Prize Day in July and the Christmas Party and Entertainment in December. On both occasions our Chairman was present with certain members of the Special Services Sub-Committee and an enjoyable time was had by all. On Sports Day a programme of 18 events was worked through and every boy participated in the contests to the utmost of his capacity. The boys were grouped in three teams—Blue, Yellow, and Red, and points were awarded. The Blue Team finally scored 681, the Yellow Team 656 and the Red Team 390 points. Each point earned a penny and thus one boy won ten shillings as a result of his afternoon's exertions, and no boy was entirely without reward for the whole School competed in the Relay Race and the last team in the race was allowed a consolation prize. At the conclusion of the Sports Programme, tea was served to Parents and to Visitors in the big classroom, where a display of the Handwork was exhibited for inspection. Later, in the dining hall, prizes were distributed by our Chairman, Alderman Fletcher, to twenty-one boys, for work done in the classroom and elsewhere through the twelve months. As always, our prizes are awarded for effort made and for progress achieved rather than for attainment, thus the same boys do not necessarily secure the prize year after year, and all are encouraged to persevere. In December, on the occasion of our Christmas Party, the boys gave an entertainment to which certain friends were invited and all classes contributed items to the programme, which involved nearly every boy in the School. Many of the attempts were very creditable and warmly applauded. At 5.0 p.m. tea was served in the Dining Hall to boys and Visitors, the boys tables looking most attractive by reason of the decorations and their loaded plates of dainties and delicacies. A 'party' spirit prevailed. Later the room was cleared of furniture and a programme of party games and amusements engrossed the attention of all, until 10.0 p.m.

Twenty of our former pupils have visited the School on one or more occasions during the year—some travelling a long distance and one or two staying over a period of two or three days. One young soldier spent his embarkation leave of ten days with us. Twenty others have written letters on various occasions during these twelve months. In every instance their news has been good news."

12.—DENTAL TREATMENT

The following report on the School Dental Service has been received from Mr. N. L. Cookson, L.D.S., Senior Dental Surgeon.

“There has been a gratifying increase in the acceptance rate for dental treatment, 93.7 per cent. of all children who have been inspected and found to require treatment accepting treatment, leaving less than 7 per cent. who declined the opportunity afforded by the School Dental Service. This compares very favourably with the previous year when 83 per cent. of those inspected and found to require treatment accepted treatment.

“The resignation of Mr. Humphrey, L.D.S., in October has curtailed the programme to some extent. Every effort was made to complete, as far as possible, the treatment programme, Mr. Humphrey, after his retirement, giving part time service for anæsthetic sessions. Under the circumstances this is satisfactory as it has always been our endeavour to expedite the actual treatment, and so ensure that too long an interval does not elapse between inspection and the carrying out of treatment. Over 8,000 children were inspected during the year and 86.4 per cent. of those found to require treatment have actually received their treatment.

“The inspection figures show that once again the infants are remarkably free from caries and that the high percentage of children who needed extractions were in the age group of 7 to 11 years. This is not because this group of children is particularly prone to caries, but because many deciduous teeth have had to be removed for children of the age group, to ensure correct alignment of the second dentition. As one would expect the junior and senior children have provided the greater part of the permanent filling work.

“Approximately 10,000 extractions and 3,000 fillings have been completed. The important ratio between the number of permanent teeth which have been extracted, and the number of permanent teeth which have been filled, is 1 to 3 in favour of conservation, which means that three permanent teeth have been saved for every permanent tooth extracted. This fact does prove that the service is striving to fulfil its primary function, i.e., to maintain the natural dentition in situ. Further proof of this is provided by the fact that the number of casual cases of toothache for the year is low compared with pre-war figures. In 1937, for instance, there were 1,811 cases of pain, whereas in 1948 only 739 toothache cases were treated. This decrease in the incidence of pain becomes even more significant when one remembers that the school population has increased to approximately 18,000. This reduction of pain is a cause for satisfaction, but not complacency, for the complete eradication of pain, although a possibility, will never be effected until prophylaxis can cope with the initial stages of caries; this is a dream of the future rather than a practical realisation for the present.

“The forms of treatment, other than fillings and extractions, which are included under the heading “other operations” include a variety of important work. Interstitial packings, cautery, gum paintings and the prescribing of vitamin C and specific mouth washes, must be regarded as an integral part of the general treatment of the mouth. It is imperative too, to instruct our patients how to use the tooth brush correctly if they are going to receive full benefit from conservation; some time has been spent on discussing the difficulties and correcting the misunderstandings of patients concerning oral hygiene.

“I would like to pay a word of tribute to the work of Mr. M. G. Humphrey, who resigned from the permanent staff in October. We owe him thanks, both for the sound work he has done in the past and for the temporary service he undertook as a temporary anaesthetist since October. We wish him every success in his new sphere.”

13.—MOTHERCRAFT AND HYGIENE INSTRUCTION

We are glad to report that the lectures in hygiene and mothercraft, instituted in 1946, have been continued and extended under the direction of Miss G. Johnson, S.R.N., R.F.N., S.C.M., H.V., Superintendent Health Visitor, and members of her staff.

With the appointment of additional Health Visiting staff we were able to give seven courses of lectures in the schools: at Chuckery, Blue Coat, Bloxwich R.C., St. Mary's R.C., Joseph Leckie and Croft Street. In the case of Joseph Leckie School, at the invitation of the Headmaster, we were able to arrange for two courses to be held and we should like to record our appreciation of the enthusiasm of the Headmaster and the very considerable help which he has given to us.

Each course consisted of approximately six lectures, covering the following subjects—

Personal hygiene, i.e., care of the body, clothing, etc.

General hygiene, covering sleep, food, fresh air, exercise, etc.

Mothercraft, including Ante-Natal care, preparation for the newly born child and the care and feeding of the child.

Additional lectures were then given on the care of the baby and continued on the lines followed so successfully in previous years.

Opportunity was taken to hold some of the classes at a Child Welfare Centre where practical demonstrations were given on the care of the baby, preparation of foods and the general structure of the child welfare organisation with particular reference to child welfare centres.

Talks were also given on the ante-natal work at the welfare centres and these talks were much appreciated by the pupils.

At the end of each course examinations were held and we are pleased to report that 87 certificates of proficiency were granted to successful students during the year, an increase of almost 200 per cent. over the previous year.

As stated in our previous report, it is our ultimate aim to ensure that every senior girl receives instruction in mothercraft and personal hygiene before she leaves school and we are glad to report that we are making progress towards this end. As trained Health Visiting staff becomes available more time will be devoted to this work which we consider to be of extreme value.

Again we have to report the keen appreciation of the students for this type of instruction. The girls are really interested and we find a ready response to our efforts. In consequence, both students and Health Visitors are stimulated and worth while results are obtained. Many questions are asked by the girls and slowly the process of correcting many misapprehensions in the girls minds is making headway. Much of this education will bear fruit in the years to come and we can think of no better way of advancing knowledge of mothercraft than through these lectures in schools.

14.—TALKS TO PARENTS

The Superintendent Health Visitor has again given lectures to parents on maternity and child welfare matters.

A course of lectures was given to the mothers of children attending the Coalpool Nursery School, covering the following subjects:—

Care of the sick child.

First Aid in the home.

Recognition of common infectious diseases.

Home safety.

These talks were well received and, as more staff becomes available, it is the type of instruction which we would like to extend.

The North Walsall Parent-Teacher Association again arranged for a talk by the Superintendent Health Visitor and a very interesting meeting was held at which the maintenance of good health in the school child was thoroughly discussed.

We again invite Head Teachers to consider further lectures on these lines and we will do all in our power to meet such requirements.

15.—HEALTH EDUCATION

At the request of the Headmistress of Queen Mary's High School for Girls, a special lecture was given to the older girls about to leave school on the work of the Public Health Department. Following this talk visits were paid to a School Clinic, Child Welfare Centre and to the Scabies Clinic, and Miss Johnson reports that the pupils were very interested indeed and showed their attention by the large number of questions which were asked. So numerous were these that it is evident the lecture could have been extended to cover a large variety of subjects relating to public health, and this point will be considered when making future arrangements.

Many requests are received from student teachers home on leave from training colleges for the opportunity to visit the various maternity and child welfare and school clinics, and a programme of such visits is mapped out for each individual student. This work, it is felt, is useful in that the future teacher will have some first-hand knowledge of the facilities available for all school children and will be able to convey to the elder children especially some information about services available for the mother and her child.

A course of lectures on sex education was sought by the organisers of a Youth Group and the Superintendent Health Visitor gave a series of lectures of this nature to the girl members of the club.

We are always willing to arrange such lectures when requested to do so by Youth Groups.

16.—CONCLUSION

In concluding this report, I desire to express my sincere thanks to the Director of Education for the very happy relationships which have existed over so many years, not only between our two selves as Heads of our respective Departments, but also for the very cordial relationships which have existed between our two Departments. To the Head Teachers I would also express my thanks for their willing co-operation. To the whole of my own staff I am indebted for their loyal support at all times.

To Miss Dickenson, Secretary to the School Health Service, I am particularly indebted for the magnificent work she has done in organising the smooth running of the service and for the very great personal and sympathetic interest she has taken in looking after the interests of the school child, and more especially of the "Handicapped child."

I am, Mr. Chairman, Ladies and Gentlemen,

Your Obedient Servant,

JAMES A. M. CLARK,

March 1949.

School Medical Officer.

MEDICAL INSPECTIONS AND TREATMENT RETURNS

Year ended 31st December, 1948.

TABLE 1

Medical Inspections of Pupils Attending Maintained Primary and Secondary Schools

A. PERIODIC MEDICAL INSPECTIONS.

(1) Number of Inspections:

| | | | | | |
|------------------|-----|-----|-----|-------|-------------|
| Entrants | ... | ... | ... | 2,246 | |
| Second Age Group | | | ... | 1,434 | |
| Third Age Group | ... | | ... | 940 | |
| | | | | ———— | Total 4,620 |

(2) Number of other Periodic Inspections 3,088

GRAND TOTAL 7,708

B. OTHER INSPECTIONS

| | | | |
|-------------------------------|-----|-------|-------|
| Number of Special Inspections | ... | ... | 4,365 |
| Number of Re-inspections | ... | ... | 2,467 |
| | | TOTAL | 6,832 |

C. PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin)

| Group | For defective vision (excluding squint) | For any of the other conditions recorded in Table IIA | Total individual pupils |
|----------------------------|---|---|-------------------------|
| (1) | (2) | (3) | (4) |
| Entrants | 6 | 374 | 380 |
| Second Age Group ... | 110 | 225 | 323 |
| Third Age Group ... | 126 | 134 | 227 |
| Total (prescribed groups) | 242 | 733 | 930 |
| Other Periodic Inspections | 278 | 469 | 724 |
| Grand Total ... | 520 | 1,202 | 1,654 |

TABLE 2

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31ST DECEMBER, 1948.

| Defect or Disease (1) | PERIODIC INSPECTIONS | | SPECIAL INSPECTIONS | |
|------------------------------|-----------------------------------|---|-----------------------------------|---|
| | No. of defects | | No. of defects | |
| | Requiring treatment (2) | Requiring to be kept under observation but not requiring treatment (3) | Requiring treatment (4) | Requiring to be kept under observation but not requiring treatment (5) |
| Skin | 96 | 41 | 253 | 7 |
| Eyes—a. Vision ... | 520 | 375 | 66 | 20 |
| b. Squint ... | 84 | 59 | 12 | — |
| c. Other ... | 80 | 16 | 99 | 2 |
| Ears—a. Hearing ... | 17 | 31 | 47 | 1 |
| b. Otitis Media | 117 | 66 | 68 | 6 |
| c. Other ... | 8 | 5 | 64 | 1 |
| Nose or Throat ... | 427 | 664 | 249 | 33 |
| Speech | 6 | 29 | 4 | — |
| Cervical Glands ... | 173 | 403 | 127 | 17 |
| Heart and Circulation | 79 | 139 | 20 | 21 |
| Lungs | 186 | 111 | 237 | 3 |
| Developmental— | | | | |
| a. Hernia ... | 17 | 26 | 6 | 4 |
| b. Other ... | 6 | 11 | 5 | 5 |
| Orthopaedic— | | | | |
| a. Posture ... | 40 | 126 | 3 | — |
| b. Flat foot ... | 249 | 115 | 18 | 6 |
| c. Other ... | 116 | 148 | 19 | 21 |
| Nervous System | | | | |
| a. Epilepsy ... | — | 3 | 2 | 1 |
| b. Other ... | 3 | 10 | 86 | — |
| Psychological— | | | | |
| a. Development | 7 | 38 | 1 | — |
| b. Stability ... | 16 | 14 | 26 | — |
| Other | 75 | 62 | 728 | 3 |

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR IN THE AGE GROUPS.

| Age Groups | Number of pupils Inspected | A. (Good) | | B. (Fair) | | C. (Poor) | |
|-------------------------------|----------------------------------|--------------|----------------|--------------|----------------|--------------|----------------|
| | | No. | % of col. 2 | No. | % of col. 2 | No. | % of col. 2 |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| Entrants ... | 2,246 | 371 | 16.5 | 1,757 | 78.2 | 118 | 5.2 |
| Second Age Group ... | 1,434 | 218 | 15.2 | 1,143 | 79.7 | 73 | 5.1 |
| Third Age Group ... | 940 | 216 | 22.9 | 695 | 73.9 | 29 | 3.1 |
| Other Periodic Inspections | 3,088 | 454 | 14.7 | 2,434 | 78.8 | 200 | 6.4 |
| Total ... | 7,708 | 1,259 | 16.3 | 6,029 | 78.2 | 420 | 5.4 |

TABLE 3
TREATMENT TABLES

Group 1—MINOR AILMENTS (excluding Uncleanliness for which
see Table 5).

| (a) | Number of Defects treated or under treatment during the year |
|---|--|
| SKIN— | |
| Ringworm—Scalp | |
| (i) X-Ray treatment | — |
| (ii) Other treatment | 4 |
| Ringworm—body | 15 |
| Scabies | 88 |
| Impetigo | 355 |
| Other skin diseases | 78 |
| Eye Disease | 333 |
| (External and other, but excluding errors of refraction, squint and cases admitted to hospital) | |
| Ear Defects | 319 |
| Miscellaneous (e.g. minor injuries, bruises, sores, chilblains etc.) | 3,990 |
| Total ... | 5,182 |
| (b) Total number of attendances at Authority's minor ailments clinics | 10,904 |

Group 2—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group 1)

| | No. of defects dealt with |
|---|---------------------------|
| Errors of Refraction (including squint) | 651 |
| Other defect or disease of the eyes (excluding those recorded in Group 1 | — |
| Total ... | 651 |
| No. of Pupils for whom spectacles were (a) Prescribed ... | 521 |
| (b) Obtained ... | 514 |

Group 3.—TREATMENT OF DEFECTS OF NOSE AND THROAT

| | Total No treated |
|---|------------------|
| Received operative treatment— | |
| (a) for adenoids and chronic tonsillitis | 314 |
| (b) for other nose and throat conditions | 30 |
| Received other forms of treatment | 67 |
| | 411 |

Group 4—ORTHOPÆDIC AND POSTURAL DEFECTS

| | |
|---|-----|
| (a) No. treated as in-patients in hospitals or hospital schools | 30 |
| (b) No. treated otherwise e.g. in clinics or out-patient departments | 533 |

Group 5—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY

| | |
|--|---|
| No. of pupils treated | |
| (a) under Child Guidance arrangements | — |
| (b) under Speech Therapy arrangements | — |

TABLE 4**DENTAL INSPECTION AND TREATMENT**

| | | | | | | | |
|--|-------|-------|--|--|--|--|--|
| (1) Number of pupils inspected by the Authority's Dental Officers— | | | | | | | |
| (a) Periodic age groups | 7,327 | | | | | | |
| (b) Specials | 739 | | | | | | |
| (c) TOTAL (periodic and specials) | — | 8,066 | | | | | |
| (2) Number found to require treatment | 5,988 | | | | | | |
| (3) Number actually treated | 5,173 | | | | | | |
| (4) Attendances made by pupils for treatment | 7,315 | | | | | | |
| (5) Half-days devoted to:— | | | | | | | |
| Inspection | 25 | | | | | | |
| Treatment | 1,014 | | | | | | |
| TOTAL | — | 1,039 | | | | | |
| (6) Fillings:— | | | | | | | |
| Permanent Teeth | 2,814 | | | | | | |
| Temporary Teeth | 130 | | | | | | |
| TOTAL | — | 2,944 | | | | | |
| (7) Extractions:— | | | | | | | |
| Permanent Teeth | 1,060 | | | | | | |
| Temporary Teeth | 8,249 | | | | | | |
| TOTAL | — | 9,309 | | | | | |
| (8) Administration of general anæsthetics for extraction | 3,612 | | | | | | |
| (9) Other operations:— | | | | | | | |
| Permanent Teeth | } | 719 | | | | | |
| Temporary Teeth | | | | | | | |

TABLE 5**INFESTATION WITH VERMIN**

| | |
|--|---------|
| (i) Total number of examinations in the schools by the school nurses or other authorized persons | 154,985 |
| (ii) Total number of individual pupils found to be infested | 973 |
| (iii) Number of individual pupils in respect of whom cleansing notices were issued | — |
| (iv) Number of individual pupils in respect of whom cleansing orders were issued | — |

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